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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <u>000057080</u>		2. Exact name of the Corporation <u>BEEBE+ family, Inc</u>	
3. Principal Office Address <u>726 Aquidneck Ave</u>		City <u>Middletown</u>	State <u>RI</u>
4. NAICS Code <u>445120</u>		5. Brief description of the character of business conducted in Rhode Island <u>Convenience store</u>	
5. State of Incorporation <u>Rhode Island</u>		6. Check the box to indicate an attachment <input type="checkbox"/>	
7. List ALL officers (names and addresses)		7. List ALL officers (names and addresses)	
President Name <u>Danna R BEEBE</u>		Vice-President Name <u>Danna R Beebe</u>	
Street Address <u>1018 Green End Ave</u>		Street Address <u>Same</u>	
City <u>Middletown</u>	State <u>RI</u>	Zip <u>02842</u>	City <u>Same</u>
Secretary Name <u>Danna BEEBE</u>		Treasurer Name <u>Danna BEEBE</u>	
Street Address <u>SAME</u>		Street Address <u>SAME</u>	
City <u>Same</u>	State <u>RI</u>	Zip <u>02842</u>	City <u>Same</u>
8. List ALL directors (names and addresses)		8. List ALL directors (names and addresses)	
Director Name <u>DATA NA</u>		Director Name <u>NA</u>	
Street Address		Street Address	
City	State	Zip	City
Director Name <u>NA</u>		Director Name <u>NA</u>	
Street Address		Street Address	
City	State	Zip	City
9. Shares Authorized		10. Shares Issued	
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES <u>2000</u>	PAR VALUE <u>NO VALUE</u>
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.			
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
Name of Authorized Representative <u>Donna R BEEBE</u>			Date <u>7/08/2024</u>
Signature of Authorized Representative <u>Danna R Beebe</u>			

MAIL TO:
Division of Business Services
146 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

JUL 08 2024
BY QTSY4
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FORM 630- Revised: 12/2023

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