

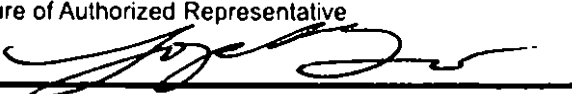


State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

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

REC'D RIDOS BSD
24 JUL 22 PM 3:05:15

1. Entity ID Number <u>001743568</u>		2. Exact name of the Corporation <u>STB, INC</u>	
3. Principal Office Address <u>265 Providence street</u>		City <u>West Warwick</u>	State <u>RI</u>
		Zip <u>02893</u>	
4. NAICS Code <u>722511</u>	6. Brief description of the character of business conducted in Rhode Island <u>Sales of coffee, soft drinks and donuts</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Sopheab BO</u>		Vice-President Name <u>Socheat Meas</u>	
Street Address <u>222 Crescent Ave. Apt. #1</u>		Street Address <u>222 Crescent Ave. Apt. #1</u>	
City <u>Cranston</u>	State <u>RI</u>	City <u>Cranston</u>	State <u>RI</u>
Zip <u>02910</u>		Zip <u>02910</u>	
Secretary Name <u>Socheat Meas</u>		Treasurer Name <u>Sopheab Bo</u>	
Street Address <u>222 Crescent Ave. Apt. #1</u>		Street Address <u>222 Crescent Ave. Apt. #1</u>	
City <u>Cranston</u>	State <u>RI</u>	City <u>Cranston</u>	State <u>RI</u>
Zip <u>02910</u>		Zip <u>02910</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Sopheab Bo</u>		Director Name <u>Socheat Meas</u>	
Street Address <u>222 Crescent Avenue Apt. #1</u>		Street Address <u>222 Crescent Ave. Apt. #1</u>	
City <u>Cranston</u>	State <u>RI</u>	City <u>Cranston</u>	State <u>RI</u>
Zip <u>02910</u>		Zip <u>02910</u>	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<u>100</u>	<u>A</u>
			<u>1.00</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. <u>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.</u>			
Name of Authorized Representative <u>Sopheab Bo</u>		Date <u>07/22/2024</u>	
Signature of Authorized Representative 		FILED 306	
		JUL 22 2024	

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

BY KRJQD