




State of Rhode Island
Department of State - Business Services Division

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

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.

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

MAIL TO:
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