



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.

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1. Entity ID Number 1754560		2. Exact name of the Corporation B&B Motorsports, Inc.	
3. Principal Office Address 372 Social St		City Woonsocket	State RI
		Zip 02895	
4. NAICS Code 441228	6. Brief description of the character of business conducted in Rhode Island Sell and service motorcycles and atv's. Sell parts and accessories for motorcycles and atv's.		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Michael Bessette		Vice-President Name Christopher Bouvier	
Street Address 5 Club Ln		Street Address 759 Woonsocket Hill Rd	
City Harrisville	State RI	Zip 02830	City North Smithfield
			State RI
			Zip 02896
Secretary Name Christopher Bouvier		Treasurer Name Michael Bessette	
Street Address 759 Woonsocket Hill Rd		Street Address 5 Club Ln	
City North Smithfield	State RI	Zip 02896	City Harrisville
			State RI
			Zip 02830
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Michael Bessette		Director Name	
Street Address 5 Club Ln		Street Address	
City Harrisville	State RI	Zip 02830	City
			State
			Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			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	
		10000	300
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 Michael Bessette			Date 11/05/2024
Signature of Authorized Representative 			

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

FILED

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FORM 630- Revised, 12-2023

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Handwritten initials

