



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

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

FILED

FEB 28 2025

BY

1. Entity ID Number 000044279		2. Exact name of the Corporation BOSTON BUSINESS CORP.	
3. Principal Office Address 126 MELBOURN ROAD		City WARWICK	State RI
		Zip 02886	
4. NAICS Code 531110	5. Brief description of the character of business conducted in Rhode Island REAL ESTATE ACQUISITION AND DEVELOPMENT		
5. State of Incorporation RI	TITLE: 7-1.1-51		
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name THOMAS GRAUL		Vice-President Name NONE	
Street Address 126 MELBOURNE ROAD		Street Address	
City WARWICK	State RI	Zip 02886	
Secretary Name THOMAS GRAUL		Treasurer Name THOMAS GRAUL	
Street Address 126 MELBOURNE ROAD		Street Address 126 MELBOURNE ROAD	
City WARWICK	State RI	Zip 02886	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	Zip	
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES	CLASS/SERIES
		1,000	STK
			PAR VALUE
			-----0-----
Changes require an additional filing.			
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 THOMAS GRAUL			Date 2/15/2025
Signature of Authorized Representative			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02804-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov