



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.

REC'D RIDOS BSD
25 APR 15 PM 4:28:23

1. Entity ID Number 000128056		2. Exact name of the Corporation B & M Waterworks, Inc.			
3. Principal Office Address 25 Bridge Street		City Providence		State RI	Zip 02903
4. NAICS Code 722410		6. Brief description of the character of business conducted in Rhode Island operation of a restaurant			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Eben Bates			Vice-President Name Joshua Miller		
Street Address 25 Bridge Street			Street Address 25 Bridge Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Eban Bates			Treasurer Name Joshua Miller		
Street Address 25 Bridge Street			Street Address 25 Bridge Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Eben Bates			Director Name Joshua Miller		
Street Address 25 Bridge Street			Street Address 25 Bridge Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued		Check the box to indicate an attachment ☐			
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
200		Common		\$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 EBEN BATES					Date 3/27/25
Signature of Authorized Representative EBEN BATES					FILED APR 15 2025 BY 3788 ex

MAIL TO:
Division of Business Services
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