



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

JAN 31 2018

BY 11299 REGISTRAR OF STATE

1. Entity ID Number 53133		2. Exact name of the Corporation R.E.B. Inc.			
3. Principal Office Address 18 Highland Street			City West Warwick	State RI	Zip 02893
4. NAICS Code 721310		6. Brief description of the character of business conducted in Rhode Island TO OPERATE A ROOMING HOUSE			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jacqueline A. Bettez			Vice-President Name Jacqueline A. Bettez		
Street Address 16 Centennial Street			Street Address 16 Centennial Street		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Jacqueline A. Bettez			Treasurer Name Jacqueline A. Bettez		
Street Address 16 Centennial Street			Street Address 16 Centennial Street		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jacqueline A. Bettez			Director Name		
Street Address 16 Centennial Street			Street Address		
City Coventry	State RI	Zip 02816	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
		100		CNP	0
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 Jacqueline A. Bettez					Date 1/23/18
Signature of Authorized Representative <i>Jacqueline a. Bettez</i>					SIGN DOCUMENT HERE

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