

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2 413

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

1. Entity ID No.		LE THIS REPORT BY N	IARCH 31 WILL RES	SULI IN A \$25.00 PENA	LIYFEE.	
000110711	1	2. Exact name of the Corporation Davock BS, Inc.				
3. Principal office address 97-99 Market Street			City Warren	State RI	Zip 02885	
4. Business Phone No. 401-245-8810			5. State of Incorporat Rhode Island	ion	02885	
 Brief description of the char- Ownership and manage 			d		NOV -7	
LIST ALL OFFICERS (NAI	AES AND ADDE	RESSES) ("X" BOX FOR A	TTACHMENT)			
President Name Sandra Davock			Vice-President Name William Davock		3 DI	
Street Address 1300 Hope Street			Street Address 1300 Hope Stre	et	2 <	
City Bristol	State RI	Zip 02809	City Bristol	State Ri	Zip 02809	
Secretary Name Sandra Davock		•	Treasurer Name William Davock	C		
Street Address 1300 Hope Street			Street Address 1300 Hope Stre	et		
Dity Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809	
3. LIST <u>all</u> directors (NA	MES AND ADE	AESSES) ("X" BOX FOR	ATTACHMENT)			
Director Name Sandra Davock			Director Name William Davock			
Street Address 1300 Hope Street			Street Address 1300 Hope Stre	et		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809	
Pirector Name	•		Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
. SHARES AUTHORIZED	January of the Control of the Contro		10, SHARES ISSUEI) ("X" BOX FOR ATTACH	MENT)	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
			100	Common	No Par	
This report must be executed in		corporation by an authorize st be executed on behalf of			of a receiver or trustee,	

File Date	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.		
By: NOV 0 7 2013	Signature of Authorized Representative Date William Davock, VP	! 	
Form No. 630 Revised: 01/2012 By 310341	Print or Type Name of Authorized Representative		