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 2014

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
94625	Holmes Corporation

3. Principal office address	City	State	Zip
15824 Savona Way	Naples	FL	34110

4. Business Phone No.	5. State of Incorporation
518-640-5000	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
Holding Company

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
David Holmes					
Street Address			**Street Address**		
15824 Savona Way					
City	**State**	**Zip**	**City**	**State**	**Zip**
Naples	FL	34110			
Secretary Name			**Treasurer Name**		
Nancy Holmes					
Street Address			**Street Address**		
15824 Savona Way					
City	**State**	**Zip**	**City**	**State**	**Zip**
Naples	FL	34110			

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
David Holmes					
Street Address			**Street Address**		
15824 Savona Way					
City	**State**	**Zip**	**City**	**State**	**Zip**
Naples	FL	34110			
Director Name			**Director Name**		
Nancy Holmes					
Street Address			**Street Address**		
15824 Savona Way					
City	**State**	**Zip**	**City**	**State**	**Zip**
Naples	FL	34110			

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	1,000		No Par Value

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.

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
JUN 13 2014
B: 1364

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.

David R. Holmes, Pres. 6/11/2014
Signature of Authorized Representative — Date

David R Holmes, President
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012