



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

2016

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 66975		2. Exact name of the Corporation The Eight Hundred Land Company		
3. Principal office address 800 Boston Neck Road		City Narragansett	State RI	Zip 02882
4. Business Phone No. 401 783-035		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island To acquire, develop, hold, lease and sell real estate and personal property.				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Patricia A. Durigan		Vice-President Name Sheri A. O'Neill		
Street Address 800 Boston Neck Road		Street Address 800 Boston Neck Road		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI
Secretary Name Patricia A. Durigan		Treasurer Name Sheri A. O'Neill		
Street Address 800 Boston Neck Road		Street Address 800 Boston Neck Road		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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 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

Form No. 630
 Revised: 01/2012

FILED
FEB 12 2016
 BY HL 8979

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.

Patricia A. Durigan 2/3/16
 Signature of Authorized Representative Date

Patricia A. Durigan, President
 Print or Type Name of Authorized Representative