

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2015 2017 Corporation

- → Filing period: January 1 March 1

1. Entity ID Number 1661530		2. Exact name of the Corporation					
	BETH DAVIS REAL ESTATE, INC.						
3. Principal Office Address			City		State	Zip	
34 HANSON ROAD			BARRING		RI	02806	
4. NAICS Code	6. Brief desc	ription of the chara	cter of business	conducted in Rhoc	le Island		
53 - Real Estate and Renta	I and REAL ESTA	ATE SALES					
5. State of Incorporation							
Rhode Island							
7. List ALL officers (names an	nd addresses)			Che	ck the box to	indicate an attachmer	
President Name Beth Davis			Vice-President Name Beth Davis				
Street Address 34 Hanson Ro			Sueet Addres	s 34 Hanson Road			
City Barrington	State RI	^{Zip} 02806	City Barrington		State RI	^{Zip} 02806	
		72000					
Secretary Name Beth Davis			Treasurer Name Beth Davis				
Street Address 34 Hanson Ro			Street Addres	S 24 Honor Bos			
		·· · · · · · · · · · · · · · · · · · ·		Street Address 34 Hanson Road			
City Barrington	State RI	^{Zip} 02806	City Barrington		State RI	^{Zip} 02806	
3. List ALL directors (names a	ınd addresses)			Che	eck the box to	indicate an attachmen	
Director Name Beth Davis			Director Name	e None			
	<u>-</u> -		Street Addres				
Street Address 34 Hanson Roa			Sileet Addres	.			
City Barrington	State RI	^{Zip} 02806	City		State	Zip	
		V2006	Diameter (A)				
Director Name None			Director Name	None			
Street Address			Street Address				
<u></u>							
City	State	Zip	City		State	Zip	
3. Shares Authorized		10. Shares is:	sued	Che	eck the box to i	ndicate an attachmen	
This information is currently of record in the		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
Department of State.		1000		Common		No Par Value	
Changes require an additional filling.					:.		
				11.12.42			
 This report must be execurustee, this report must be ex 					rporation is in	the hands of a receive	
Inder penalty of perjury, I d	leclare and affirm	that I have examir	ned this report	i coding any acc	ompanying s	chedules and	
tatements, and that all stat	ements contained	herein are true a	nd correct.	EU	, ,	<u>.</u>	
Name of Authorized Represer	ntative	} F			Date	7 - 7 —	
Beth Davis, President			JAN	2 3 2017	¥ /	+ 13 - 2017	
Signature of Authorized Repre	esentative				r .	,	
1 /X11 +	/ //.	1/1/1	_UIVILIAI	(.\-\(\)			
+ / / /	Ville o		BY	'			
IAIL TO: ivision of Business Services		*					

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016