



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

Annual Report for the year: 2017
 Corporation

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

2017 JAN 24 11:31
 R.I. DEPT OF STA
 BUS SVCS DIV

1. Entity ID Number 000110711	2. Exact name of the Corporation DAVOCK B.S. INC.		
3. Principal Office Address 91-99 MARKET ST		City WARREN	State R.I.
4. NAICS Code 72		6. Brief description of the character of business conducted in Rhode Island PUB	
5. State of Incorporation R.I.		Zip 02885	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name AMY DAVOCK			Vice-President Name KERI DAVOCK		
Street Address 95 MARKET ST			Street Address 11 BLIVEN RD.		
City WARREN	State R.I.	Zip 02885	City BRISTOL	State R.I.	Zip 02809
Secretary Name WILLIAM DAVOCK			Treasurer Name JODI FURTADO		
Street Address 108 R. TOUSSAET RD.			Street Address 37 CHERRY ST		
City WARREN	State R.I.	Zip 02885	City WARREN	State R.I.	Zip 02885

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name KERI DAVOCK			Director Name JODI FURTADO		
Street Address 11 BLIVEN RD.			Street Address 37 CHERRY ST.		
City BRISTOL	State R.I.	Zip 02809	City WARREN	State R.I.	Zip 02885
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.	10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	100	COMMON	NO PAR

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 WILLIAM M. DAVOCK	Date 1.24.17
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Signature of Authorized Representative
FILED