RI SOS - Filing Number: 201730928660 Date: 01/26/2017 4:00 PM

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.

STAMP

FOR SECRETARY OF STATE USE ONLY

1. Entity ID Number	2. Exact name of the Corporation
653696	Tiverton Homes Limited

3. Principal Office Address	City	State	Zip
c/o Marc B. Gertsacov, 144 Medway Street	Providence	RI	02906

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
53 - Real Estate and Rental a	Property development.
5. State of Incorporation	
England and Wales	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
n/a England and Wales	
Street Address	Street Address
City / State / Zip	City / State / Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City / State / Zip	City / State / Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Stephen Paul Fitch	Fiona Jane Fitch
Street Address: Green Farm, Livermere Road	Street Address: Green Farm, Livermere Road
City: Great Barton-Suffolk / State: England / Zip: IP31 2QD	City: Great Barton-Suffolk / State: England / Zip: IP31 2QD
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	1	A	no par value
	1	B	no par value

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	Date
STEPHEN PAUL FITCH	12 January 2017

Signature of Authorized Representative

SIGN DOCUMENT HERE

FILED

JAN 26 2017

BY

MAIL TO:
Division 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

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