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[redacted]	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			Street Address		
Green Farm, Livermere Road			Green Farm, Livermere Road		
City	State	Zip	City	State	Zip
Great Barton-Suffolk	England	IP31 2QD	Great Barton-Suffolk	England	IP31 2QD
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 ☐

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 152

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