

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

2017

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ____

			ped or printed legibly. IARCH 31 WILL RESU		ALTY FEE,	
1. Entity ID No.		2. Exact name of the Corporation				
66975	The Eig	The Eight Hundred Land Company				
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 c To acquire, develop				y.		
7. List all officers (NAMES AND ADDRE	SSES) ("X" BOX FOR A	IIACHMENTO			
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	Zip 02882	
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	Zip 02882	
I. LIST ALL DIRECTORS	(NAMES AND ADDR	ESSES) ("X" BOX FOR A	ATTACHMENT)			
Director Name			Director Name	VV		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name	L		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
). SHARES AUTHORIZED		arrision de santitude de	10. SHARES ISSUED ("X" BOX FOR ATTACH	MENT)	
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
this information is currently of record in the Office of the Secretary of State. Changes require an additional filling. See Section 9 of Instruction sheet.			100	Common	No Par Value	
This report must be execut	ted on behalf of the co	prporation by an authorize be executed on behalf of	I depresentative. If the co the corporation by the rec	I rporation is in the hands eiver or trustee.	of a receiver or trustee,	
le Date FILED		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.				
Check No		FEB 1 5 2017		H (A) MULXE	1/25// Date	
FOR SECRETARY OF STATE USE ONLY			Patricia A. Durigan, President Print or Type Name of Authorized Representative Date			
orm No. 630 evised: 01/2012	81 <u>.</u>	101	or Type Name o	i Authorizea Hepresenta	uve	