



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:
Corporation2017

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 98119			2. Exact name of the Corporation DAVIS FAMILY CORPORATION		
3. Principal Office Address Center Road			City Block Island	State RI	Zip 02807
4. NAICS Code 53 vacant land		6. Brief description of the character of business conducted in Rhode Island It is vacant land and is inactive.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Wendy Ernst			Vice-President Name Laurie Sigfridson		
Street Address 412 Payne Road			Street Address 125 Fitzgerald Road		
City Block Island	State RI	Zip 02807	City Brooklin	State CT	Zip 06234
Secretary Name Laurie Sigfridson			Treasurer Name Jeremy Roll		
Street Address 125 Fitzgerald Road			Street Address 125 Fitzgerald Road		
City Brooklin	State CT	Zip 06234	City Brooklin	State CT	Zip 06234
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			40.00	STK	#0
			none	none	none
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 WENDY ERNST				Date 2/18/17	
Signature of Authorized Representative Wendy Ernst				FILED SIGN DOCUMENT FEB 21 2017 13810	