



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.

1. Entity ID Number 152518		2. Exact name of the Corporation Thankful Holdings, Inc			
3. Principal Office Address Corn Neck Road, P.O. Box 721			City New Shoreham	State RI	Zip 02807
4. NAICS Code 53 - Real Estate and Rental		6. Brief description of the character of business conducted in Rhode Island Real Estate Sales and Rentals			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Katharine A. Butcher			Vice-President Name		
Street Address P.O. Box 1023			Street Address		
City New Shoreham	State RI	Zip 02807	City	State	Zip
Secretary Name Katharine A. Butcher			Treasurer Name		
Street Address P.O. Box 1023			Street Address		
City New Shoreham	State RI	Zip 02807	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name katharine A. Butcher			Director Name		
Street Address P.O. Box 1023			Street Address		
City New Shoreham	State RI	Zip 02807	City	State	Zip
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			1000		1.00
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 Katharine A Butcher				Date 2/15/17	
Signature of Authorized Representative <i>[Handwritten Signature]</i>				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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BY **4431** FORM 630 - Revised: 10/2016