



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 542837		2. Exact name of the Corporation David Pulsifer Enterprises, Inc.	
3. Principal Office Address 10 Gray Birch Drive		City Cranston	State RI
		Zip 02921	
4. NAICS Code 42 - Wholesale Trade	6. Brief description of the character of business conducted in Rhode Island To serve as representative to various manufacturers in the automotive aftermarket.		
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 David T. Pulsifer, Jr.		Vice-President Name Karen A. Pulsifer	
Street Address 10 Gray Birch Drive		Street Address 10 Gray Birch Drive	
City Cranston	State RI	City Cranston	State RI
Zip 02921		Zip 02921	
Secretary Name David T. Pulsifer, Jr.		Treasurer Name Karen A. Pulsifer	
Street Address 10 Gray Birch Drive		Street Address 10 Gray Birch Drive	
City Cranston	State RI	City Cranston	State RI
Zip 02921		Zip 02921	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name David T. Pulsifer, Jr.		Director Name Karen A. Pulsifer	
Street Address 10 Gray Birch Drive		Street Address 10 Gray Birch Drive	
City Cranston	State RI	City Cranston	State RI
Zip 02921		Zip 02921	
Director Name None		Director Name None	
Street Address		Street Address	
City	State	City	State
Zip		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 <input type="checkbox"/>	
		NUMBER OF SHARES 400	CLASS/SERIES Common
		PAR VALUE 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 David T. Pulsifer, Jr., President			
Signature of Authorized Representative <i>David T. Pulsifer, Jr.</i>			

MAIL TO:
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 Website: www.sos.ri.gov