



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 <b>000094625</b>		2. Exact name of the Corporation <b>Holmes Corporation</b>			
3. Principal Office Address <b>15824 Savona Way</b>			City <b>Naples</b>	State <b>FL</b>	Zip <b>34110</b>
4. NAICS Code <b>81 - Other Services (except Pul</b>		6. Brief description of the character of business conducted in Rhode Island <b>Holding Company</b>			
5. State of Incorporation <b>Rhode island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>David Holmes</b>			Vice-President Name		
Street Address <b>15824 Savona Way</b>			Street Address		
City <b>Naples</b>	State <b>FL</b>	Zip <b>34110</b>	City	State	Zip
Secretary Name <b>Nancy Holmes</b>			Treasurer Name		
Street Address <b>15824 Savona Way</b>			Street Address		
City <b>Naples</b>	State <b>FL</b>	Zip <b>34110</b>	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>David Holmes</b>			Director Name		
Street Address <b>15824 Savona Way</b>			Street Address		
City <b>Naples</b>	State <b>FL</b>	Zip <b>34110</b>	City	State	Zip
Director Name <b>Nancy Holmes</b>			Director Name		
Street Address <b>15824 Savona Way</b>			Street Address		
City <b>Naples</b>	State <b>FL</b>	Zip <b>34110</b>	City	State	Zip
9. Shares Authorized <b>This information is currently of record in the Department of State.</b> <b>Changes require an additional filing.</b>			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES		PAR VALUE
			<b>1000</b>		<b>NO PAR VALUE</b>
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. <b>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.</b>					
Name of Authorized Representative <b>Nancy L Holmes</b>				Date <b>3/8/17</b>	
Signature of Authorized Representative <b>Nancy L Holmes</b>					

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

FILED

MAR 15 2017

BY

FORM 630 - Revised: 02/2017