



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 000094625		2. Exact name of the Corporation Holmes Corporation			
3. Principal Office Address 15824 Savona Way			City Naples	State FL	Zip 34110
4. NAICS Code 81 - Other Services (except Pul		6. Brief description of the character of business conducted in Rhode Island Holding Company			
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 Holmes			Vice-President Name		
Street Address 15824 Savona Way			Street Address		
City Naples	State FL	Zip 34110	City	State	Zip
Secretary Name Nancy Holmes			Treasurer Name		
Street Address 15824 Savona Way			Street Address		
City Naples	State FL	Zip 34110	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David Holmes			Director Name		
Street Address 15824 Savona Way			Street Address		
City Naples	State FL	Zip 34110	City	State	Zip
Director Name Nancy Holmes			Director Name		
Street Address 15824 Savona Way			Street Address		
City Naples	State FL	Zip 34110	City	State	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		CLASS/SERIES
			1000		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 Nancy L Holmes				Date 3/8/17	
Signature of Authorized Representative Nancy L Holmes					

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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