



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 1661561		2. Exact name of the Corporation SAVERY CREEK ENTERPRISES, INC.												
3. Principal Office Address 519 CR 702 #159			City DIXON	State WY	Zip 82332-0159									
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island COMMERCIAL CONSTRUCTION												
5. State of Incorporation WYOMING														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name BO STOCKS			Vice-President Name KRISTEN STOCKS											
Street Address 519 CR 702 #159			Street Address 519 CR 702 #159											
City DIXON	State WY	Zip 82323-0159	City DIXON	State WY	Zip 82323-0159									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	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"/>											
			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">NUMBER OF SHARES</th> <th style="width:33%;">CLASS/SERIES</th> <th style="width:33%;">PAR VALUE</th> </tr> <tr> <td style="text-align:center;">100</td> <td style="text-align:center;">COMMON</td> <td style="text-align:center;">0</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON	0			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100	COMMON	0												
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 <i>Kristen Stocks</i>				Date <i>3/17/17</i>										
Signature of Authorized Representative <i>[Signature]</i>				<div style="text-align:center;"> FILED MAR 23 2017 <i>[Signature]</i> </div>										