



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<br><b>1661561</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |                    | 2. Exact name of the Corporation<br><b>SAVERY CREEK ENTERPRISES, INC.</b>                                     |                                                                                                                       |                                                          |                          |
| 3. Principal Office Address<br><b>519 CR 702 #159</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                    | City<br><b>DIXON</b>                                                                                          |                                                                                                                       | State<br><b>WY</b>                                       | Zip<br><b>82332-0159</b> |
| 4. NAICS Code<br><b>23 - Construction</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>COMMERCIAL CONSTRUCTION</b> |                                                                                                                       |                                                          |                          |
| 5. State of Incorporation<br><b>WYOMING</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<br><b>BO STOCKS</b>                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                                                                                                               | Vice-President Name<br><b>KRISTEN STOCKS</b>                                                                          |                                                          |                          |
| Street Address<br><b>519 CR 702 #159</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                                                                                                               | Street Address<br><b>519 CR 702 #159</b>                                                                              |                                                          |                          |
| City<br><b>DIXON</b>                                                                                                                                                                                                                                                                                                                                                                                                                                             | State<br><b>WY</b> | Zip<br><b>82323-0159</b>                                                                                      | City<br><b>DIXON</b>                                                                                                  | State<br><b>WY</b>                                       | Zip<br><b>82323-0159</b> |
| Secretary Name                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                                                                               | Treasurer Name                                                                                                        |                                                          |                          |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                                                                               | Street Address                                                                                                        |                                                          |                          |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State              | Zip                                                                                                           | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                                                                                               | 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<br>This information is currently of record in the Department of State.<br>Changes require an additional filing.                                                                                                                                                                                                                                                                                                                             |                    |                                                                                                               | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                                                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                                                                                                               | 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.<br><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<br><i>Kristen Stocks</i>                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                                                                               |                                                                                                                       | Date<br><i>3/17/17</i>                                   |                          |
| Signature of Authorized Representative<br><i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                                                                                                               |                                                                                                                       | <b>FILED</b><br><b>MAR 23 2017</b><br><i>[Signature]</i> |                          |

BY 2019