



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 98189		2. Exact name of the Corporation RUBY B. DAVIS, INC.			
3. Principal Office Address 75 Prospect Street			City Providence	State RI	Zip 02906-1330
4. NAICS Code 54 - Professional, Scientific, an		6. Brief description of the character of business conducted in Rhode Island Interior design and sale of furniture, home furnishings and antiques			
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 Ruby B. Davis			Vice-President Name None		
Street Address 75 Prospect Street			Street Address		
City Providence	State RI	Zip 02906-1330	City	State	Zip
Secretary Name Ruby B. Davis			Treasurer Name Ruby B. Davis		
Street Address 75 Prospect Street			Street Address 75 Prospect Street		
City Providence	State RI	Zip 02906-1330	City Providence	State RI	Zip 02906-1330
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Ruby B. Davis			Director Name		
Street Address 75 Prospect Street			Street Address		
City Providence	State RI	Zip 02906-1330	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	common	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 Ruby B. Davis				Date 3/28 , 2017	
Signature of Authorized Representative <i>Ruby B. Davis</i>				FILED SIGN DOCUMENT HERE JUN 08 2017	

BY 9858-2153 DS

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov