



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 157434		2. Exact name of the Corporation Peckham, Inc.	
3. Principal Office Address P.O. Box 246		City Block Island	State RI
		Zip 02807	
4. NAICS Code 53	6. Brief description of the character of business conducted in Rhode Island Property Management		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Lewis H. Gaffett		Vice-President Name Lewis N. Gaffett	
Street Address P.O. Box 246		Street Address P.O. Box 20	
City Block Island	State RI	City Block Island	State RI
Zip 02807		Zip 02807	
Secretary Name Lewis N. Gaffett		Treasurer Name Lewis H. Gaffett	
Street Address P.O. Box 20		Street Address P.O. Box 246	
City Block Island	State RI	City Block Island	State RI
Zip 02807		Zip 02807	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Lewis H. Gaffett		Director Name Lewis N. Gaffett	
Street Address P.O. Box 246		Street Address P.O. Box 20	
City Block Island	State RI	City Block Island	State RI
Zip 02807		Zip 02807	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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
		100	A
			PAR VALUE
			.01
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 Lewis H. Gaffett		Date 5/10/17	
Signature of Authorized Representative <i>Lewis H. Gaffett</i>		FILED	

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

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