



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	Zip 02807	City Block Island	State RI	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	Zip 02807	City Block Island	State RI	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	Zip 02807	City Block Island	State RI	Zip 02807
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	A	.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
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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