RI SOS Filing Number: 201856207050 Date: 1/16/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2018 Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

Entity ID Number		e of the Corporatio					
<b>42837</b>	David Pu	David Pulsifer Enterprises, Inc.					
Principal Office Address			City		State	Zıp	
02 Pinewood Drive			Smithfield		RI	02917	
IAICS Code 41212	6. Brief desc	ription of the charac	cter of business co	onducted in Rhode	Island	<u> </u>	
NAICS Code 42312 Wholesale Trade	To serve as	To serve as representative to various manufacturers in the automobile aftermarket.					
State of Incorporation							
ode Island	İ						
ist ALL officers (names ar	nd addresses)	•		Checl	k the box to in	ndicate an attachme	
resident Name David T. Pulsifer, Jr.			Vice-President Name Karen A. Pulsifer				
treet Address 202 Pinewood Drive			Street Address 75 Pocasset Street, # 320				
Smithfield	State Ri	<sup>Zip</sup> 02917	City Johnston		State RI	<sup>Zip</sup> 02919	
ecretary Name David T. Pulsifer, Jr.			Treasurer Name Karen A. Pulsifer				
Street Address 202 Pinewood Drive			Street Address 75 Pocasset Streeet, # 320				
<sup>'</sup> Smithfield	State RI	<sup>Zip</sup> 02917	City Johnston		State RI	<sup>Zip</sup> 02919	
ist ALL directors (names	and addresses)	<u> </u>		Chec	k the box to in	ndicate an attachme	
ector Name			Director Name	Karen A Duleifer			
David T. Pulsifer, Jr.			Director Name Karen A. Pulsifer				
treet Address 202 Pinewood Drive			Street Address 75 Pocasset Street, # 320				
Smithfield	State RI	<sup>Zip</sup> 02917	City <b>Johnston</b>		State RI	Zip <b>02919</b>	
rector Name None			Director Name None				
et Address		<del></del>	Street Address		• • •		
<del>,</del>	State	Zip	City		IStato	State Zip	
	Cidio	-"			State	210	
Shares Authorized		10. Shares Iss				ndicate an attachme	
his information is currently of record in the epartment of State.		NUMBER O	F SHARES	CLASS/SERI	ES	PAR VALUE	
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anges require an additional	tiling.						
This report must be execu	ited on behalf of the	compration by an	authorized renres	entative If the com	oration is in t	he hands of a receiv	
tee, this report must be ex						IN HOUSE OF A TOUCH	
der penalty of perjury, I					mpanying s	chedules and	
tements, and that all sta		herein are true ar	nd correct.				
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rid T. Pulsifer, Jr., Presi						-1-18	
nature of Authorized Repr	esentative	s/)I		01.1	rı	LEU	
			- 1	sold.	IAN	1 6 2018 10 3 7185	
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Phone: (401) 222-3040 Website: www.sos.ri.gov FORM 630 - Noviced: 10/2017