RI SOS Filing Number: 201859578940 Date: 3/1/2018 4:00:00 PM

| " I. · .          |
|-------------------|
| State Action 1995 |
|                   |

| Entity ID Number  | 2. Exact nan                        | 2. Exact name of the Corporation   |                                      |             |   |                            |  |  |
|---|-------------------------------------|--|--------------------------------------|-------------|---|----------------------------|--|--|
| 66975   | The Eigh                            | The Eight Hundred Land Company   |                                      |             |   |                            |  |  |
| Principal Office Address                                      |                                     |  | City                                 |             | State                                     | Zıp                        |  |  |
| 800 Boston Neck Road  |                                     |  | Narraganset                          | t           | RI  | 02882                      |  |  |
| 4 NAICS Code  | 6. Brief desc                       | Brief description of the character of business conducted in Rhode Island     |                                      |             |   |                            |  |  |
| 53 1110   | To acquire                          | To acquire, develop, hold, lease and sell real estate and personal property. |                                      |             |   |                            |  |  |
| 5. State of Incorporation                                     |                                     |  |                                      |             |   |                            |  |  |
| Rhode Island  | <u>l</u>                            |  |                                      |             |   |                            |  |  |
| 7. List ALL officers (names a                                 | nd addresses)                       |  |                                      |             | k the box to                              | indicate an attachment     |  |  |
| President Name Patricia A. Durigan                            |                                     |  | Vice-President Name Sheri A. O'Neill |             |   |                            |  |  |
| Street Address 800 Boston N                                   | Street Address 800 Boston Neck Road |  |                                      |             |   |                            |  |  |
| City Narragansett   | State RI                            | <sup>Zip</sup> 02882   | City Narragansett                    |             | State RI                                  | <sup>Zip</sup> 02882       |  |  |
| Secretary Name Patricia A. Durigan                            |                                     |  | Treasurer Name Sheri A. O'Neill      |             |   |                            |  |  |
| Street Address 800 Boston Neck Road                           |                                     |  | Street Address 800 Boston Neck Road  |             |   |                            |  |  |
| City Narragansett   | State RI                            | Zip 02882  | City Narragansett                    |             | State RI                                  | Zip 02882                  |  |  |
| 8. List ALL directors (names                                  | and addresses)                      |  |                                      | Chec        | k the box to                              | indicate an attachment     |  |  |
| Director Name   | -                                   |  | Director Name                        |             |   |                            |  |  |
| Street Address  |                                     |  | Street Address                       |             |   |                            |  |  |
| City  | Stale                               | Zıp  | City                                 | <del></del> | State                                     | Zip                        |  |  |
| Director Name   |                                     | <u>I</u>   | Director Name                        |             | •   |                            |  |  |
| Street Address  |                                     |  | Street Address                       |             |   |                            |  |  |
| City  | State                               | Zip  | City                                 |             | State                                     | Zıp                        |  |  |
| 9. Shares Authorized  |                                     | 10. Shares Is:   | Supple Ch                            |             | Check the box to indicate an attachment [ |                            |  |  |
| This information is currently of record in the                |                                     |  | NUMBER OF SHARES                     |             | CLASS/SERIES PAR VALUE                    |                            |  |  |
| Department of State. Changes require an additional filing.    |                                     | 100  |                                      | Common      |   | No Par Value               |  |  |
|   |                                     |  |                                      |             |   |                            |  |  |
| 11. This report must be exec                                  |                                     |  |                                      |             | poration is in                            | the hands of a receiver or |  |  |
| trustee, this report must be e<br>Under penalty of perjury, I | executed on behalf o                | f the corporation by   | the receiver or tru                  | istee.      | - mnanving                                | schedules and              |  |  |
| statements, and that all sta                                  |                                     |  |                                      |             |   |                            |  |  |
| Name of Authorized Representative                             |                                     |  |                                      |             | Date                                      |                            |  |  |
| Patricia A. Durigan   |                                     |  |                                      |             |   | 2-12-18                    |  |  |
| Signature of Authorized Rep                                   | resentative<br>A . Www.             | SIGN DO  | CUMENT HER                           | ILED        |   |                            |  |  |
| - AT GIVILLAS   | yr your                             | 100  |                                      | 0.1.000     | 7/  |                            |  |  |

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri gov MAR 0 1 2018

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