



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

ST. 113

**Annual Report for the year: 2019**  
**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 6280		2. Exact name of the Corporation GERARD R. DAVIS LTD.			
3. Principal Office Address P.O. BOX 1424			City WOONSOCKET	State RI	Zip 02895
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island MANUFACTURING & SALES			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name GERARD R. DAVIS, JR.			Vice-President Name GERARD R. DAVIS, JR.		
Street Address 521 PROVIDENCE PIKE			Street Address 521 PROVIDENCE PIKE		
City NO SMITHFIELD	State RI	Zip 02896	City NO SMITHFIELD	State RI	Zip 02896
Secretary Name GERARD R. DAVIS, JR.			Treasurer Name GERARD R. DAVIS, JR.		
Street Address 521 PROVIDENCE PIKE			Street Address 521 PROVIDENCE PIKE		
City NO SMITHFIELD	State RI	Zip 02896	City NO SMITHFIELD	State RI	Zip 02896
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name GERARD R. DAVIS, LTD			Director Name NONE		
Street Address 521 PROVIDENCE PIKE			Street Address		
City NO SMITHFIELD	State RI	Zip 02896	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	COMMON	\$1.00
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. <b>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.</b>					
Name of Authorized Representative GERARD R. DAVIS, JR.					Date 12-20-2018
Signature of Authorized Representative <i>Gerard R. Davis, Jr.</i>					

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

BY

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FORM 630 - Revised: 10/2017