



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

FILED

Annual Report for the year: 2020
Corporation

JAN 22 2020

BY 3093 DS

- 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 00068277		2. Exact name of the Corporation BLUFF HEAD CORP			
3. Principal Office Address 552 WEST MAIN ROAD			City LITTLE COMPTON		State RI
					Zip 02837
4. NAICS Code 53-REAL ESTATE RENTAL		5. Brief description of the character of business conducted in Rhode Island TO OWN, OPERATE AND LEASE PROPERTY			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name PHILEMON T. MARVELL			Vice-President Name NONE		
Street Address 552 WEST MAIN ROAD			Street Address		
City LITTLE COMPTON	State RI	Zip 02837	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name PHILEMON T. MARVELL			Director Name NONE		
Street Address 552 WEST MAIN ROAD			Street Address		
City LITTLE COMPTON	State RI	Zip 02837	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	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	PAR VALUE
			100	NONE	CNP
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 					Date 1/15/2020
Signature of Authorized Representative PHILEMON T. MARVELL					

MAIL TO:
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