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

FILED
FEB 16 2021
BY 2234

Annual Report for the year: 2021
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	2. Exact name of the Corporation			
976293	Tarklin Properties, Inc.			
3. Principal Office Address		City	State	Zip
P. O. Box 303		Greenville	RI	02828
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
53 1110	Real Estate			
5. State of Incorporation				
RHODE ISLAND				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name WILLIAM DAVIS			Vice-President Name WILLIAM DAVIS		
Street Address PO BOX 303			Street Address PO BOX 303		
City GREENVILLE	State RI	Zip 02828	City GREENVILLE	State RI	Zip 02828
Secretary Name WILLIAM DAVIS			Treasurer Name WILLIAM DAVIS		
Street Address PO BOX 303			Street Address PO BOX 303		
City GREENVILLE	State RI	Zip 02828	City GREENVILLE	State RI	Zip 02828

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	100	Common	No Par Value
Changes require an additional filing.			

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
WILLIAM DAVIS	2/6/2021

Signature of Authorized Representative

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

FORM 630 - Revised: 10/2017