



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Corporation _____

MAR 08 2021
 BY H25118
JJ

- 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 653696		2. Exact name of the Corporation Tiverton Homes Limited			
3. Principal Office Address c/o Marc B. Gertsacov, 144 Medway Street			City Providence	State RI	Zip 02906
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Property Development			
5. State of Incorporation England and Wales					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name n/a England and Wales			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
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 Stephen Paul Fitch			Director Name Fiona Jane Finch FITCH PJF		
Street Address Green Farm, Livemere Road			Street Address Green Farm, Livemere Road		
City Great Barton Suffolk	State England	Zip IP31 2QD	City Great Barton Suffolk	State England	Zip IP31 2QD
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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1		A	no par value
		1		A	no par value
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 Stephen Fitch (DECEASED) FIONA JANE FITCH				Date 14/2/2021	
Signature of Authorized Representative 					