



State of Rhode Island

## Department of State - Business Services Division

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.

FILED

MAR 09 2021

STAMP

BY

20754

FOR  
SECRETARY OF STATE  
USE ONLY

1 Entity ID Number 000108370		2 Exact name of the Corporation Francis Bros., Inc.			
3 Principal Office Address 96 Tupelo Street			City Bristol	State RI	Zip 02809
4 NAICS Code 713990 - Miniature golf cou		6. Brief description of the character of business conducted in Rhode Island To engage in the business of operating and running a golf course			
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 Theresa Francis			Vice-President Name Christopher V. Francis		
Street Address 115 Tupelo Street			Street Address 102 Kickemuit Avenue		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Theresa Francis			Treasurer Name Kevin M. Francis		
Street Address 115 Tupelo Street			Street Address 115 Tupelo Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Theresa Francis			Director Name Kevin M. Francis		
Street Address 115 Tupelo Street			Street Address 115 Tupelo Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name Christopher V. Francis			Director Name NONE		
Street Address 102 Kickemuit Avenue			Street Address		
City Bristol	State RI	Zip 02809	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/SEHLS		
			PAR VALUE		
			Common		
			No Par		
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 Theresa Francis <i>Theresa Francis</i>					Date 2/19/21
Signature of Authorized Representative					

## MAIL TO:

Division of Business Services

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

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