



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2023 JAN 23 P 2:15

1. Entity ID Number 1661530		2. Exact name of the Corporation BETH DAVIS REAL ESTATE, INC.	
3. Principal Office Address 34 Hanson Road		City Barrington	State RI
		Zip 02806	
4. NAICS Code 531210	6. Brief description of the character of business conducted in Rhode Island Real estate sales		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Beth Davis		Vice-President Name Beth Davis	
Street Address 34 Hanson Road		Street Address 34 Hanson Road	
City Barrington	State RI	Zip 02806	City Barrington
			State RI
			Zip 02806
Secretary Name Beth Davis		Treasurer Name Beth Davis	
Street Address 34 Hanson Road		Street Address 34 Hanson Road	
City Barrington	State RI	Zip 02806	City Barrington
			State RI
			Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Beth Davis		Director Name None	
Street Address 34 Hanson Road		Street Address	
City Barrington	State RI	Zip 02806	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 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	
		100	Common
			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 Beth Davis			Date 1/12/2023
Signature of Authorized Representative 			

FILED

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

JAN 23 2023
BY ML VE880