



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.

FILED

CLASS

MAY 03 2023

BY 6502

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| | | | |
|--|---|---|-------------------------|
| 1 Entity ID Number 93439 | | 2 Exact name of the Corporation Devonshire Associates Ltd. | |
| 3. Principal Office Address 244 Post Road, Unit 2 | | City Westerly | State RI |
| | | Zip 02891 | |
| 4. NAICS Code 54130 | 6 Brief description of the character of business conducted in Rhode Island Provide direct marketing services and consulting | | |
| 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 John F. Rafferty | | Vice-President Name John F. Rafferty | |
| Street Address 244 Post Road, Unit 2 | | Street Address 244 Post Road, Unit 2 | |
| City Westerly | State RI | Zip 02891 | City Westerly |
| | | | State RI |
| | | | Zip 02891 |
| Secretary Name John F. Rafferty | | Treasurer Name John F. Rafferty | |
| Street Address 244 Post Road, Unit 2 | | Street Address 244 Post Road, Unit 2 | |
| City Westerly | State RI | Zip 02891 | City Westerly |
| | | | State RI |
| | | | Zip 02891 |
| 8 List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name John F. Rafferty | | Director Name | |
| Street Address 244 Post Road, Unit 2 | | Street Address | |
| City Westerly | State RI | Zip 02891 | 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 <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 | |
| | | 10 | 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 John F. Rafferty, President | | Date 4/27/2023 | |
| 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 04/2023