



**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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2023 DEC -7 P 1:24
2023 DEC -6 P 2:13

1. Entity ID Number 001710309		2. Exact name of the Corporation Davies US Inc.			
3. Principal Office Address 135 Allen Brook Lane Suite 101			City Williston	State VT	Zip 05495
4. NAICS Code 524291		6. Brief description of the character of business conducted in Rhode Island Claims Adjusting			
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name Dan Saulter			Vice-President Name Paula Kenneson		
Street Address 135 Allen Brook Lane Suite 101			Street Address 135 Allen Brook Lane Suite 101		
City Williston	State VT	Zip 05495	City Williston	State VT	Zip 05495
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					
Director Name <i>none</i>			Director Name <i>none</i>		
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			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VA. UF
		<i>Q</i>		CWP	0.0001
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 Paul Fields, Controller					Date 12/6/2023
Signature of Authorized Representative <i>Paul Fields</i>					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

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BY LKS lck3w0