



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2022

Corporation

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

RECEIVED
RI DEPT. OF STATE
BUS SVCS DIV
2023 DEC -7 P 1:24

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
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 Saulters		Vice-President Name Paula Kenneson	
Street Address 135 ALLEN BROOK LANE SUITE 101		Street Address 135 ALLEN BROOK LANE SUITE 101	
City WILLSTON	State VT	Zip 05495	City WILLSTON
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
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
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment	
		NUMBER OF SHARES	CLASS/SERIES
		<input checked="" type="checkbox"/>	CWP
			PAR VALUE
			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 11/27/2023
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

DEC 07 2023 1:25pm
BY LKS 663WCF
FORM 630- Revised: 04/2023