



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

**Annual Report for the year: 2024**  
**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** **STAMP**  
**JAN 31 2024**  
 BY 895 DS

1. Entity ID Number <b>1661530</b>		2. Exact name of the Corporation <b>BETH DAVIS REAL ESTATE, INC.</b>	
3. Principal Office Address <b>34 Hanson Road</b>		City <b>Barrington</b>	State <b>RI</b>
		Zip <b>02806</b>	
4. NAICS Code <b>531210</b>	6. Brief description of the character of business conducted in Rhode Island <b>Real estate sales</b>		
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Beth Davis</b>		Vice-President Name <b>Beth Davis</b>	
Street Address <b>34 Hanson Road</b>		Street Address <b>34 Hanson Road</b>	
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Barrington</b>
			State <b>RI</b>
			Zip <b>02806</b>
Secretary Name <b>Beth Davis</b>		Treasurer Name <b>Beth Davis</b>	
Street Address <b>34 Hanson Road</b>		Street Address <b>34 Hanson Road</b>	
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Barrington</b>
			State <b>RI</b>
			Zip <b>02806</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Beth Davis</b>		Director Name <b>None</b>	
Street Address <b>34 Hanson Road</b>		Street Address	
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City
			State
			Zip
Director Name <b>None</b>		Director Name <b>None</b>	
Street Address		Street Address	
City	State	Zip	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/SERIES	
		PAR VALUE	
		<b>100</b>	<b>Common</b>
			<b>No Par Value</b>
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. <i>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.</i>			
Name of Authorized Representative <b>Beth Davis</b>			Date <b>1-22-2024</b>
Signature of Authorized Representative 			