



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 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 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.		10. Shares Issued			
		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 1-22-2024	
Signature of Authorized Representative 					

MAIL TO:
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