



State of Rhode Island
Department of State - Business Services Division

FEB 29 2024 STAMP

Annual Report for the year: 2024

Corporation

001640

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

1. Entity ID Number 000068277		2. Exact name of the Corporation BLUFF HEAD CORP				
3. Principal Office Address 85 NONQUIT LANE			City TIVERTON		State RI	Zip 02878
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island TO OWN, OPERATE AND LEASE PROPERTY				
5. State of Incorporation RI						
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>						
President Name PHILEMON T. MARVELL			Vice-President Name NONE			
Street Address 85 NONQUIT LANE			Street Address			
City TIVERTON		State RI	Zip 02878			
Secretary Name NONE			Treasurer Name NONE			
Street Address			Street Address			
City		State	Zip			
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>						
Director Name PHILEMON T. MARVELL			Director Name NONE			
Street Address 85 NONQUIT LANE			Street Address			
City TIVERTON		State RI	Zip 02878			
Director Name NONE			Director Name NONE			
Street Address			Street Address			
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 100	CLASS/SERIES CNP	PAR VALUE 0	
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 PHILEMON T. MARVELL					Date 2/8/2024	
Signature of Authorized Representative 						

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov