



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

REC'D RIDOS BSD  
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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.

1. Entity ID Number <b>000790755</b>		2. Exact name of the Corporation <b>David Peckham Inc</b>					
3. Principal Office Address <b>21 Snell Road</b>			City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>		
4. NAICS Code <b>236118</b>		6. Brief description of the character of business conducted in Rhode Island <b>Rehabbing homes</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>Korrie Peckham</b>			Vice-President Name <b>None</b>				
Street Address <b>21 Snell Road</b>			Street Address				
City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>	City	State	Zip		
Secretary Name <b>Korrie Peckham</b>			Treasurer Name <b>None</b>				
Street Address <b>21 Snell Road</b>			Street Address				
City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>	City	State	Zip		
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>David W Peckham</b>			Director Name <b>None</b>				
Street Address <b>21 Snell Road</b>			Street Address				
City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</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/SFRI'S		PAR VALUE	
		10		CWP		.01	
		none		none		none	
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. <b>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.</b>							
Name of Authorized Representative <b>David W Peckham</b> <i>David W Peckham</i>					Date <b>4/8/2024</b>		
Signature of Authorized Representative					<b>FILED</b>		

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

APR 10 2024  
8:41 BY ML HWKCV