



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.

**STAMP**

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24 APR 17 12:13:15  
FOR SECRETARY OF STATE  
USE ONLY

1. Entity ID Number <b>66975</b>		2. Exact name of the Corporation <b>The Eight Hundred Land Company</b>	
3. Principal Office Address <b>800 Boston Neck Road</b>		City <b>Narragansett</b>	State <b>RI</b>
		Zip <b>02882</b>	
4. NAICS Code <b>531110</b>	6. Brief description of the character of business conducted in Rhode Island <b>To acquire, develop, hold, lease and sell real estate and personal property.</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>Patricia A. Durigan</b>		Vice-President Name <b>David K. Durigan</b>	
Street Address <b>800 Boston Neck Road</b>		Street Address <b>800 Boston Neck Road</b>	
City <b>Narragansett</b>	State <b>RI</b>	City <b>Narragansett</b>	State <b>RI</b>
Zip <b>02882</b>		Zip <b>02882</b>	
Secretary Name <b>Patricia A. Durigan</b>		Treasurer Name <b>David K. Durigan</b>	
Street Address <b>800 Boston Neck Road</b>		Street Address <b>800 Boston Neck Road</b>	
City <b>Narragansett</b>	State <b>RI</b>	City <b>Narragansett</b>	State <b>RI</b>
Zip <b>02882</b>		Zip <b>02882</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		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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.		NUMBER OF SHARES	
Changes require an additional filing.		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.			
<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>Patricia A. Durigan</b>			Date <b>3/18/24</b>
Signature of Authorized Representative <i>Patricia A. Durigan</i>			<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 17 2024  
BY ML 33285