



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
REC'D R.I. S.B.S. 1
24 APR 17 12:13:15
FOR SECRETARY OF STATE USE ONLY

1. Entity ID Number 66975		2. Exact name of the Corporation The Eight Hundred Land Company			
3. Principal Office Address 800 Boston Neck Road			City Narragansett	State RI	Zip 02882
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island To acquire, develop, hold, lease and sell real estate and personal 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 Patricia A. Durigan			Vice-President Name David K. Durigan		
Street Address 800 Boston Neck Road			Street Address 800 Boston Neck Road		
City Narragansett	State RI	Zip 02882	City Narragansett	State	Zip 02882
Secretary Name Patricia A. Durigan			Treasurer Name David K. Durigan		
Street Address 800 Boston Neck Road			Street Address 800 Boston Neck Road		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued 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.		NUMBER OF SHARES		CLASSIFICATION	
		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 Patricia A. Durigan					Date 3/18/24
Signature of Authorized Representative <i>Patricia A. Durigan</i>					FILED

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