RI SOS Filing Number: 202454400210 Date: 5/1/2024 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

STATE
MAY 01 2024
0539 2

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.

1. Entity ID Number	2. Exact name of the Corporation
93439	Devonshire Associates Ltd.

3. Principal Office Address	City	State	Zip
244 Post Road, Unit 2	Westerly	RI	02891

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
54130	Provide direct marketing services and consulting
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: John F. Rafferty			Vice-President Name: John F. Rafferty		
Street Address: 244 Post Road, Unit 2			Street Address: 244 Post Road, Unit 2		
City: Westerly	State: RI	Zip: 02891	City: Westerly	State: RI	Zip: 02891
Secretary Name: John F. Rafferty			Treasurer Name: John F. Rafferty		
Street Address: 244 Post Road, Unit 2			Street Address: 244 Post Road, Unit 2		
City: Westerly	State: RI	Zip: 02891	City: Westerly	State: RI	Zip: 02891

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: John F. Rafferty			Director Name		
Street Address: 244 Post Road, Unit 2			Street Address		
City: Westerly	State: RI	Zip: 02891	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
10	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	Date
John F. Rafferty, President	4/22/2024

Signature of Authorized Representative: John F. Rafferty

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

FORM 630- Revised 12/2023