



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
MAY 01 2024
0539 2

1. Entity ID Number 93439		2. Exact name of the Corporation Devonshire Associates Ltd.			
3. Principal Office Address 244 Post Road, Unit 2			City Westerly	State RI	Zip 02891
4. NAICS Code 54130		6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>					
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 <input type="checkbox"/>					
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			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		CLASS/SERIES
			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 John F. Rafferty, President				Date 4/22/2024	
Signature of Authorized Representative 					