State of Rhode Island
Department of State - Business Services Division

FILED
FEB 11 2025 TAP
BY 915

Annual Report for the year: 2025
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
1661530	BETH DAVIS REAL ESTATE, INC.

3. Principal Office Address	City	State	Zip
34 Hanson Road	Barrington	RI	02806

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531210	Real estate sales
5. State of Incorporation	
RI	

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

President Name	Vice-President Name
Beth Davis	Beth Davis
Street Address: 34 Hanson Road	Street Address: 34 Hanson Road
City: Barrington, State: RI, Zip: 02806	City: Barrington, State: RI, Zip: 02806
Secretary Name: Beth Davis	Treasurer Name: Beth Davis
Street Address: 34 Hanson Road	Street Address: 34 Hanson Road
City: Barrington, State: RI, Zip: 02806	City: Barrington, State: RI, Zip: 02806

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

Director Name	Director Name
Beth Davis	None
Street Address: 34 Hanson Road	Street Address:
City: Barrington, State: RI, Zip: 02806	City: State: Zip:
Director Name: None	Director Name: None
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
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	Date
Beth Davis	1-31-2025

Signature of Authorized Representative
X Beth Davis

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