



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 33720		2. Exact name of the Corporation F & A, Inc.								
3. Principal office address c/o R Gary Clark Assoc. 1445 Wampanoag Trail Ste 201			City Riverside	State RI	Zip 029					
4. Business Phone No. (401) 433-5858		5. State of Incorporation Rhode Island								
6. Brief description of the character of business conducted in Rhode Island Real Estate Sales										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
President Name Antonio A. Abilheira			Vice-President Name Felicidade Abilheira							
Street Address 240 Smith Street			Street Address 240 Smith Street							
City Attleboro	State MA	Zip 02703	City Attleboro	State MA	Zip 02703					
Secretary Name Felicidade Abilheira			Treasurer Name Antonio A. Abilheira							
Street Address 240 Smith Street			Street Address 240 Smith Street							
City Attleboro	State MA	Zip 02703	City Attleboro	State MA	Zip 02703					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name Antonio A. Abilheira			Director Name Felicidade Abilheira							
Street Address 240 Smith Street			Street Address 240 Smith Street							
City Attleboro	State MA	Zip 02703	City Attleboro	State MA	Zip 02703					
Director Name			Director Name							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.										
						NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		
						100	Common	No Par		

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 CORPORATIONS DIV
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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.

File Date _____

Check No _____

By: _____

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FEB 04 2014

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 By 216517
 KM

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.

Felicidade Abilheira 01/31/2014

Signature of Authorized Representative

Date

Felicidade Abilheira, Secretary

Print or Type Name of Authorized Representative