

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 2013

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

1. Entity ID No.		LE THIS REPORT BY	MARCH 31 WILL RES	ULT IN A \$25.00 PEN	ALTY FEE.	
	1	2. Exact name of the Corporation F.T.F. PARTNERSHIP, LTD.				
62780		PARTNERSHIP, L	.ID.			
3. Principal office address C/o John J. Finan, Jr., Esq., 24 Spring Street			City Pawtucket	State RI	Zip 02860	
4. Business Phone No. c/o (401) 723-6800			5. State of Incorporation RHODE ISLAND			
		s conducted in Rhode Islar				
of its properties.		buildings to promot		e corporation or to	enhance the value	
7. LIST ALL OFFICERS (NAMES AND ADD	RESSES) ("X" BOX FOR A				
President Name John J. Finan, Jr.			Vice-President Name John J. Finan, Jr.			
Street Address Louise F. Luther Drive			Street Address Louise F. Luther Drive			
Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864	
Secretary Name John J. Finan, Jr.			Treasurer Name John J. Finan, Jr.			
Street Address Louise F. Luther Drive			Street Address Louise F. Luther Drive			
Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864	
LIST ALL DIRECTORS	(NAMES AND ADI	RESSES) ("X" BOX FOR	ATTACHMENT)			
Director Name None			Director Name None			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name None			Director Name None			
treet Address			Street Address			
City	State	Zip	City	State	Zip	
. SHARES AUTHORIZED			10 SHADES ISSUED	("X" BOX FOR ATTACH	agrain -	
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
his information is currently of record in the Office of the Secretary f State. Changes require an additional filling. ee Section 9 of instruction sheet.			600 SHS.	COMMON	NO PAR	
This report must be execut	ted on behalf of the	corporation by an authorize	nd representative. If the co	proporation is in the hands	of a receiver or trustee,	
	this report must be executed on behalf of the second of th			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.		
Check NoBy:		AN 2 3 2013	John I	Fin h	1-21-13	
			Signature of Authoriz	•	Date	
FOR SECRETARY OF ST	TATE USE ANLY	J941	John J. Finan,			
rm No. 630	- 1	The second secon	Print or Type Name o	f Authorized Representat	ive	

Revised: 01/2012