



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.

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

1. Entity ID No. 93957		2. Exact name of the Corporation FAITHFUL CORPORATION			
3. Principal office address 88 Crompton Road		City East Greenwich	State RI	Zip 02818	
4. Business Phone No. (401)823-7837		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island TO HOLD, MANAGE AND MAINTAIN REAL PROPERTY					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Debra M. Ficazzola			Vice-President Name Diana S. Delsesto		
Street Address 133 South Road			Street Address 416 Camp Westwood Road		
City East Greenwich	State RI	Zip 02818	City Greene	State RI	Zip 02827
Secretary Name Debra M. Ficazzola			Treasurer Name Diana S. Delsesto		
Street Address 133 South Road			Street Address 416 Camp Westwood Road		
City East Greenwich	State RI	Zip 02818	City Greene	State RI	Zip 02827
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Debra M. Ficazzola			Director Name Diana S. Delsesto		
Street Address 133 South Road			Street Address 416 Camp Westwood Road		
City East Greenwich	State RI	Zip 02818	City Greene	State RI	Zip 02827
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 Value

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: _____

FOR SECRETARY OF STATE USE ONLY

BY

FILED

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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.

Debra M. Ficazzola 1/24/13
Signature of Authorized Representative Date

Debra M. Ficazzola, President
Print or Type Name of Authorized Representative