

## 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

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

| 1. Entity ID No.  |                  | LE THIS REPORT BY MA  | AHCH 31 WILL RES                         | OLT IN A \$25.00 PENA                                   | LTY FEE,                  |  |
|---|------------------|---|--|---|---------------------------|--|
| 33720   | f                | 2. Exact name of the Corporation  F & A, Inc.                 |  |   |                           |  |
|   |                  |   | Tax.                                     |   |                           |  |
| 3. Principal office address c/o R Gary Clark Assoc.1445 Wampanoag Trail Ste 201   |                  |   | City Riverside                           | State RI  | Zip<br><b>02915</b>       |  |
| 4. Business Phone No. <b>(401) 433-5858</b>   |                  |   | 5. State of Incorporation Shode Island   |   |                           |  |
| 6. Brief description of the<br>Real Estate Sales  |                  | s conducted in Rhode Island                                   |  |   | ORPOR                     |  |
|   | (NAMES AND ADDR  | ESSES) ("X" BOX FOR AT  | TACHMENT)                                |   | <b>-</b> 33               |  |
| President Name Antonio A. Abilheira   |                  |   | Vice-President Name Felicidade Abilheira |   |                           |  |
| Street Address 240 Smith Street   |                  |   | Street Address 240 Smith Street          |   |                           |  |
| City<br>Attleboro   | State<br>MA      | Zip<br><b>02703</b>   | City<br>Attleboro                        | State<br><b>MA</b>                                      | Zip N 171                 |  |
| Secretary Name Felicidade Abilheira   |                  |   | Treasurer Name Antonio A. Abilheira      |   |                           |  |
| Street Address 240 Smith Street   |                  |   | Street Address 240 Smith Street          |   |                           |  |
| City<br><b>Attleboro</b>  | State<br>MA      | Zip<br>02703  | City<br>Attleboro                        | State<br>MA   | Zip<br>02703              |  |
|   | S (NAMES AND ADD | RESSES) ("X" BOX FOR A  | <del></del>                              |   |                           |  |
| Director Name Antonio A. Abilheira  |                  |   | Director Name Felicidade Abilheira       |   |                           |  |
| Street Address 240 Smith Street   |                  |   | Street Address 240 Smith Street          |   |                           |  |
| City<br>Attleboro   | State<br>MA      | Zip<br><b>02703</b>   | City<br>Attleboro                        | State<br><b>MA</b>                                      | Zip<br>02703              |  |
| Director Name   |                  |   | Director Name                            | ······································                  |                           |  |
| Street Address  | -                |   | Street Address                           |   |                           |  |
| City  | State            | Zip   | City State                               |   | Zip                       |  |
| 9. SHARES AUTHORIZE   | D                |   | 10. SHARES ISSUED                        | ("X" BOX FOR ATTACH                                     | MENT)                     |  |
|   |                  |   | NUMBER OF SHARES                         | CLASS/SERIES  | PAR VALUE                 |  |
| 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. |                  |   | 100                                      | Common  | No Par                    |  |
| This report must be exec  |                  | corporation by an authorized<br>st be executed on behalf of t |  |   | of a receiver or trustee. |  |
| File Date   | _                | FILED 218   | Under penalty of pethis report, includir | erjury, I declare and affirm<br>ng any accompanying sel | hedules and statements,   |  |
| Check No  | FE               | B <b>0 4</b> 2014   | and that all statement                   | ents contained herein are                               | e true and correct.       |  |
| Ву:   | a                | 16517   | Signature of Authori                     | ized Representative                                     | Date                      |  |
| FOR SECRETARY OF  |                  |   | Felicidade Abi                           | lheira, Secretary                                       |                           |  |
|   |                  | V M   | Print or Type Name                       | of Authorized Representat                               | ive                       |  |

Form No. 630 Revised: 01/2012