



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 **2010**

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 02915	
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) ☐					
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) ☐					
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) ☐		
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

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

FILED

FEB 04 2014

216517

3:15 PM
ICM

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