State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Business Corporation Annual Report 2014

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000504677

2. Name of Corporation Fayben Management Corp.

3. Street Address Principal Business Office:

No. and Street: C/O SHELDON M. WOOLF
264 INDIAN TRAIL
City or Town: CUMMAQUID State: MA Zip: 02637 Country: USA

4. Business Phone No.

(508) 362-3522

5. State of Incorporation

State: RI

6. Brief Description of the Character of Business Conducted in Rhode Island

REAL ESTATE MANAGEMENT

FILED
JUN 04 2014
BY 1433

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	SHELDON M WOOLF	264 INDIAN TRAIL CUMMAQUID, MA 02637 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares *Number of Shares*	Total Issued and Outstanding *Num of Shares*
CNP		$0.0000	100,000.00	2,000.00

9. 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.

Filer's Contact Information
(Enter a contact name, mailing address and email.)
Contact Name: SHELDON M WOOLF
Business Name:
No. and Street: C/O SHELDON M. WOOLF
264 INDIAN TRAIL
City or Town: CUMMAQUID State: MA Zip: 02637 Country: USA
Contact Phone: (508) 790-2727 ext:
Contact Email: ACCOUNTANT@CRABTREECPA.COM
Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 30 Day of May, 2014 at 2:42:44 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By Sheldon M Woolf
Signature of Authorized Representative of the Corporation

FILED
JUN 04 2014
BY

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Make Corrections Accept

Form No. 630
Revised 09/07