



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 **2016**

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. 32580		2. Exact name of the Corporation FERREIRA FARM LAND CORP.		
3. Principal office address 1533 EAST MAIN ROAD		City PORTSMOUTH	State RI	Zip 02871
4. Business Phone No. 401-683-0060		5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island REAL ESTATE DEVELOPMENT				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name RAYMOND FERREIRA		Vice-President Name JOHN FERREIRA		
Street Address 12 CHURCH LANE		Street Address 16 PLEASANT VIEW		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI
Secretary Name LORRAINE MCBRIDE		Treasurer Name LORRAINE MCBRIDE		
Street Address 1533 EAST MAIN ROAD		Street Address 1533 EAST MAIN ROAD		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
		300	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: _____

FILED

JAN 21 2016

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Form No. 630
 Revised: 01/2012

BY 1507

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.

Lorraine V. McBride 01-15-16
 Signature of Authorized Representative Date

LORRAINE V. MCBRIDE
 Print or Type Name of Authorized Representative