



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. 5329		2. Exact name of the Corporation FAIRHOLM FARMS, LTD.		
3. Principal office address 97 JOHN CLARKE ROAD		City MIDDLETOWN	State RI	Zip 02842
4. Business Phone No.		5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island FARMING AND TRUCKING				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name FREDERICK D. BRIGGS		Vice-President Name FREDERICK D. BRIGGS		
Street Address 5935 STALEY ROAD		Street Address 5935 STALEY ROAD		
City CINCINNATUS	State NY	Zip 13040	City CINCINNATUS	State NY
Secretary Name FREDERICK D. BRIGGS		Treasurer Name FREDERICK D. BRIGGS		
Street Address 5935 STALEY ROAD		Street Address 5935 STALEY ROAD		
City CINCINNATUS	State NY	Zip 13040	City CINCINNATUS	State NY
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
		100	STK	1.00

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
JAN 29 2016

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.

Frederick Briggs 1-19-15
Signature of Authorized Representative Date

FREDERICK BRIGGS
Print or Type Name of Authorized Representative