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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.	2. Exact name of the Corporation
413	ADDIEVILLE EAST FARM, INC.

3. Principal office address	City	State	Zip
200 Pheasant Drive	Burrillville	RI	02839

4. Business Phone No.	5. State of Incorporation
401-568-3185	RI

6. Brief description of the character of business conducted in Rhode Island
Pheasant farming and operation of a commercial hunting and fishing preserve

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Paula L. Gaebe	
Street Address	Street Address
200 Pheasant Drive	
City / State / Zip	City / State / Zip
Burrillville / RI / 02839	
Secretary Name	Treasurer Name
Paula L. Gaebe	Paula L. Gaebe
Street Address	Street Address
200 Pheasant Drive	200 Pheasant Drive
City / State / Zip	City / State / Zip
Burrillville / RI / 02839	Burrillville / RI / 02839

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	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.	1000	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 2016
BY KL 9507

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.

Paula L. Gaebe 1-26-16
Signature of Authorized Representative Date

Paula L. Gaebe, President
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

132110-20-1107134