



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 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. NAICS Code 51	6. Brief description of the character of business conducted in Rhode Island REAL ESTATE DEVELOPMENT				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an 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	Zip 02871
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	Zip 02871
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			300	COMMON	NO PAR
11. 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.					
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.					
Name of Authorized Representative <i>Lorraine Ferreira McBride, Sec. Treasurer</i>					Date FILED 7
Signature of Authorized Representative <i>Lorraine Ferreira McBride Secretary, Treasurer</i>					JAN 23 2017

MAIL TO:
Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

BY 159 **ORM 696** Revised: 10/2016