



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

STAMP

FOR

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 82193		2. Exact name of the Corporation Pendleton Farms, Ltd.			
3. Principal Office Address 3 Bowen's Wharf			City Newport	State RI	Zip 02840
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island The retail sale of clothing, accessories, and other products			
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 Frank N. Gladding			Vice-President Name Virginia E. Gladding		
Street Address 3 Bowen's Wharf			Street Address 3 Bowen's Wharf		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Steven M. McInnis			Treasurer Name Frank N. Gladding		
Street Address 38 Bellevue Avenue, Suite H			Street Address 3 Bowen's Wharf		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Frank N. Gladding			Director Name		
Street Address 3 Bowen's Wharf			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	\$.01 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 Frank N. Gladding				Date 1.29.2017	
Signature of Authorized Representative 			SIGN DOCUMENT HERE		

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

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