



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

Annual Report for the year: **2017**

Corporation - _____

STAMP

FOR

- 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"/>												
		<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>100</td><td>Common</td><td>\$.01 Par</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	\$.01 Par			
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

FILED
MAR 02 2017