



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. Corporate ID No. 81889		2. Name of Corporation STRAWBERRY FIELD ESTATES INC.			
3. Street Address Principal Business Office 445 Warwick Industrial Drive			City Warwick	State RI	Zip 02886
4. NAICS Code 53		5. State of Incorporation Delaware			
6. Brief Description of the Character of Business Conducted in Rhode Island Invest in real estate					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jeffrey A. Laramée			Vice President Name		
Street Address 445 Warwick Industrial Drive			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name Jeffrey A. Laramée			Treasurer Name Jeffrey A. Laramée		
Street Address 445 Warwick Industrial Drive			Street Address 445 Warwick Industrial Drive		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Jeffrey A. Laramée			Director Name		
Street Address 445 Warwick Industrial Drive			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			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.			ISSUED SHARES – THIS SECTION <u>MUST</u> BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			100 shares common stock of \$1.00 par value		

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.

Signature

Date

Jeffrey A. Laramée

Print or Type Name

President

Title

FILED

MAR 02 2017

BY

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