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	2. Exact name of the Corporation
98093	**FFAL, INC.**

3. Principal Office Address	City	State	Zip
191 FOREST AVENUE	**MIDDLETOWN**	**RI**	**02842**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
53 - Real Estate and Rental and	**TO engage om the real estate business**
5. State of Incorporation	
RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **STEPHEN P. OSTIGUY**			Vice-President Name **KARL LYONS, JR.**		
Street Address **191 FOREST AVENUE**			Street Address **191 FOREST AVENUE**		
City **MIDDLETOWN**	State **RI**	Zip **02842**	City **MIDDLETOWN**	State **RI**	Zip **02842**
Secretary Name **H.GREER LYON**			Treasurer Name **STEPHEN P. OSTIGUY**		
Street Address **191 FOREST AVENUE**			Street Address **191 FOREST AVENUE**		
City **MIDDLETOWN**	State **RI**	Zip **02842**	City **MIDDLETOWN**	State **RI**	Zip **02842**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name **KARL LYON, JR.**			Director Name **STEPHEN P. OSTIGUY**		
Street Address **191 FOREST AVENUE**			Street Address **191 FOREST AVENUE**		
City **MIDDLETOWN**	State **RI**	Zip **02842**	City **MIDDLETOWN**	State **RI**	Zip **02842**
Director Name **PAUL MURPHY**			Director Name **ROBERT M. SABEL**		
Street Address **50 WASHINGTON SQUARE**			Street Address **191 FOREST AVENUE**		
City **NEWPORT**	State **RI**	Zip **02840**	City **MIDDLETOWN**	State **RI**	Zip **02842**

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
8,000	**COMMON**	**$1.00**

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	Date
STEPHEN P. OSTIGUY	2/16/2017

Signature of Authorized Representative — SIGN DOCUMENT HERE

FILED
MAR 06 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