



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 <b>54164</b>		2. Exact name of the Corporation <b>FARQUHAR ENTERPRISES, INC.</b>			
3. Principal Office Address <b>1808-A Ministerial Road</b>			City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>
4. NAICS Code <b>53 - Real Estate and Rental and</b>		6. Brief description of the character of business conducted in Rhode Island <b>General real estate development and investment</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Stanley Bernstein</b>			Vice-President Name		
Street Address <b>PO Box 501</b>			Street Address		
City <b>West Kingston</b>	State <b>RI</b>	Zip <b>02892</b>	City	State	Zip
Secretary Name <b>Stanley Bernstein</b>			Treasurer Name <b>Stanley Bernstein</b>		
Street Address <b>PO Box 501</b>			Street Address <b>PO Box 501</b>		
City <b>West Kingston</b>	State <b>RI</b>	Zip <b>02892</b>	City <b>West Kingston</b>	State <b>RI</b>	Zip <b>02892</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>100</b>		<b>Common</b>	<b>No Par</b>
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. <b>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.</b>					
Name of Authorized Representative <b>Stanley Bernstein</b>					Date <b>3/7/17</b>
Signature of Authorized Representative <i>Stanley Bernstein</i>					

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

MAR 13 2017  
 BY 5772 QS