

FILED

JAN 05 2018

BY

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

Annual Report for the year: **2018**
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 504677		2. Exact name of the Corporation Fayben Management Corp.									
3. Principal Office Address c/o Sybils Stamm 75 Lauriston St.			City Providence	State RI	Zip 02908						
4. NAICS Code 531300		6. Brief description of the character of business conducted in Rhode Island Real estate management									
5. State of Incorporation RI											
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐											
President Name Sheldon Woolf			Vice-President Name								
Street Address PO Box 1138			Street Address								
City Barnstable	State MA	Zip 02630	City	State	Zip						
Secretary Name			Treasurer Name								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐											
Director Name Sheldon Woolf			Director Name								
Street Address PO Box 1138			Street Address								
City Barnstable	State MA	Zip 02630	City	State	Zip						
Director Name			Director Name								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment ☐								
This information is currently of record in the Department of State.			<table border="1"> <tr> <td>Common (or preferred)</td> <td>Convertible</td> <td>Other</td> </tr> <tr> <td>2000</td> <td>CNP</td> <td>0</td> </tr> </table>			Common (or preferred)	Convertible	Other	2000	CNP	0
Common (or preferred)	Convertible	Other									
2000	CNP	0									
Changes require an additional filing.											
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, the 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 Sheldon M Woolf					Date 12/21/17						
Signature of Authorized Representative <i>Sheldon M Woolf</i>											