report form

Date: December 14, 2017 at 9:49 AM

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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	2. Exact name of the Corporation			
504677	Fayben Management Corp.			
3. Principal Office Address		City	State	Zip
c/o Sylvia Stamm 75 Lauriston St.		Providence	RI	02906
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
531390	Real estate management			
5. State of Incorporation				
RI				

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

President Name		Vice-President Name		
Sheldon Woolf				
Street Address		Street Address		
PO Box 1138				
City / State / Zip		City / State / Zip		
Barnstable / MA / 02630				
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		Director Name		
Sheldon Woolf				
Street Address		Street Address		
PO Box 1138				
City / State / Zip		City / State / Zip		
Barnstable / MA / 02630				
Director Name		Director Name		
Street Address		Street Address		
City / State / Zip		City / State / Zip		

9. Shares Authorized	10. Shares Issued — Check the box to add data an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.	Number of Shares Issued	Class of Shares	Par Value per Share
	2000	CNP	0

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
Sheldon M Woolf	12/21/17
Signature of Authorized Representative	
Sheldon M Woolf	

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