



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

MAR 01 2018

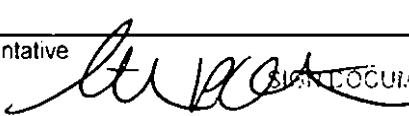
Annual Report for the year: **2018**
Corporation

BY _____

→ 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 98093		2. Exact name of the Corporation FFAL, Inc.	
3. Principal Office Address 191 FOREST AVENUE		City MIDDLETOWN	State RI
		Zip 02842	
4. NAICS Code 531120	6. Brief description of the character of business conducted in Rhode Island To engage in the real estate business		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
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	City MIDDLETOWN	State RI
Zip 02842		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	City MIDDLETOWN	State RI
Zip 02842		Zip 02842	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name KARL LYON, JR.		Director Name STEPHEN P. OSTIGUY	
Street Address 191 FOREST AVENUE		Street Address 191 FOREST AVENUE	
City MIDDLETOWN	State RI	City MIDDLETOWN	State RI
Zip 02842		Zip 02842	
Director Name PAUL MURPHY		Director Name ROBERT M. SABEL	
Street Address 191 FOREST AVENUE		Street Address 191 FOREST AVENUE	
City MIDDLETOWN	State RI	City MIDDLETOWN	State RI
Zip 02842		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 <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		100	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 STEPHEN P. OSTIGUY		Date 2/14/2018	
Signature of Authorized Representative 		SIGN DOCUMENT HERE	

FILED

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 01 2018

BY

10818 DS

FORM 630 - Revised: 10/2017