



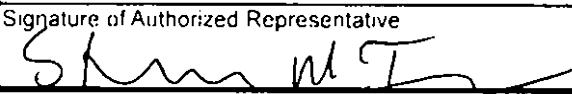
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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

STAMP

FOR

- 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 82193		2. Exact name of the Corporation Pendleton Farms, Ltd.			
3. Principal Office Address 15 Bowen's Wharf		City Newport		State RI	Zip 02840
4. NAICS Code 448190		6. Brief description of the character of business conducted in Rhode Island The retail sale of clothing, accessories, and other products			
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 Frank N. Gladding			Vice-President Name Virginia E. Gladding		
Street Address 15 Bowen's Wharf			Street Address 15 Bowen's Wharf		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Steven M. McInnis			Treasurer Name Frank N. Gladding		
Street Address 38 Bellevue Avenue, Suite H			Street Address 15 Bowen's Wharf		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Frank N. Gladding			Director Name		
Street Address 15 Bowen's Wharf			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
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 100	CLASS/SERIES Common	PAR VALUE \$.01 Par
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 Steven M. McInnis				Date 2-12-2018	
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 02 2018

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FORM 630 - Revised: 10/2017