RI SOS Filing Number: 201883462390 Date: 12/31/2018 4:00:00 PM

Annual Report for the year: 2019

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	2. Exact name of the Corporation			
32580	FERREIRA FARMS LAND CORP.			
3. Principal Office Address: 1533 EAST MAIN ROAD	City: PORTSMOUTH	State: RI	Zip: 02871	
4. NAICS Code: 531390	6. Brief description of the character of business conducted in Rhode Island: REAL ESTATE DEVELOPMENT			
5. State of Incorporation: RHODE ISLAND				

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

President Name: EDWARD FERREIRA			Vice-President Name: RAYMOND FERREIRA		
Street Address: 72 KERR ROAD			Street Address: 15 CHURCH LANE		
City: PORTSMOUTH	State: RI	Zip: 02871	City: PORTSMOUTH	State: RI	Zip: 02871
Secretary Name: LORRAINE V. McBRIDE			Treasurer Name: LORRAINE V. McBRIDE		
Street Address: 1533 EAST MAIN RD			Street Address: 1533 EAST MAIN RD		
City: PORTSMOUTH	State: RI	Zip: 02871	City: PORTSMOUTH	State: RI	Zip: 02871

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

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

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
300	COMMON	NO 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: LORRAINE V McBRIDE, Sec. Treas — Date: 12/22/18

Signature of Authorized Representative: Lorraine V. McBride, Sec. Treasurer — SIGN DOCUMENT HERE

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

FILED
DEC 3 1 2018 KM
BY 1538

FORM 630 - Revised: 10/2017