

Annual Report for the year: **2019**
Corporation

STAMP

- 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 32580		2. Exact name of the Corporation 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 <input type="checkbox"/>					
President Name EDWARD FERREIRA			Vice-President Name RAYMOND FERREIRA		
Street Address 72 KERR ROAD			Street Address 15 CHURCH LAKE		
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 <input type="checkbox"/>					
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			10. Shares Issued 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.			NUMBER OF SHARES		CLASS/SERIES
			300		COMMON
					PAR VALUE
					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. Treasurer					Date 12/22/18
Signature of Authorized Representative <i>Lorraine V. McBride, Sec. Treasurer</i>					
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 31 2018 **KM**

FORM 630 - Revised: 10/2017

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