

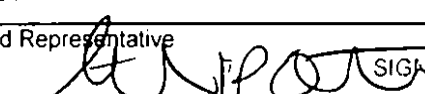
State of Rhode Island and Providence Plantations
Department of State - Business Services DivisionAnnual Report for the year: **2019**
Corporation

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

JAN 28 2019

BY 11552
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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 om the real estate business			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
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	Zip 02842	City MIDDLETOWN	State RI	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	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name KARL LYON, JR.			Director Name STEPHEN P. OSTIGUY		
Street Address 191 FOREST AVENUE			Street Address 191 FOREST AVENUE		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	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	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		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 1/10/2019	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	