RI SOS Filing Number: 201987979730 Date: 2/27/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of Stat  Annual Report for the yea		s Services i	Division	FILE	D	STAMP	
Corporation  → Filing period. January 1 - March 1  → Filing Fee: \$50.00  → Penalty: Additional \$25.00 fee if form is not filed by April 1.			FEB <b>2.7 2019</b> FOR				
<u> </u>	2. Exact name of the Corporation  Pendleton Farms, Ltd.						
3 Principal Office Address			City		State	Zıp	
15 Bowen's Wharf			Newport		RI	02840	
448190 5 State of Incorporation	Brief description of the character of business conducted in Rhode Island     The retail sale of clothing, accessories, and other products						
Rhode Island							
7. List ALL officers (names and addresses) President Name Frank N. Gladding			Vice-President	Check the box to indicate an attachment  Vice-President Name Virginia E. Gladding			
Street Address 15 Bowen's Wharf			Street Address 15 Bowen's Wharf				
	State RI	<sup>Zıp</sup> 02840	City Newport	<u>-</u>	State RI	<sup>Zıp</sup> 02840	
Secretary Name Steven M. McInnis			Treasurer Name Frank N. Gladding				
Street Address 38 Bellevue Avenue, Suite H			Street Address	Street Address 15 Bowen's Wharf			
City Newport	State RI	<sup>Zıp</sup> 02840	City Newport		State RI	<sup>Zip</sup> 02840	
List ALL directors (names and add Director Name	dresses)		Director Name		he box to ir	ndicate an attachment	
Frank N. Gladding							
Street Address 15 Bowen's Wharf			Street Address				
City Newport	State RI	<sup>Zip</sup> <b>02840</b>	City		State	Zip	
Director Name			Director Name	Oirector Name			
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized	4 1.746	10. Shares Iss		Check t		ndicate an attachment  PAR VAUE	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		· ·		\$.01 Par	
.11. This report must be executed on trustee, this report must be executed	d on behalf of the	e corporation by	the receiver or tr	ustee.			
Under penalty of perjury, I declare statements, and that all statemen	ts contained he			ncluding any accom		chedules and	
Name of Authorized Representative Frank N. Gladding				FILED	Date	.7.19	
Signature of Authorized Representa	tive	SIGN DO	CUMENT HERE	FEB 27 2019	1 -	/	
(0//			BY_				

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov