



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILEDAnnual Report for the year: **2020**
Corporation

FEB 21 2021

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

13802

1. Entity ID Number 413		2. Exact name of the Corporation ADDIEVILLE EAST FARM, INC.					
3. Principal Office Address 200 Pheasant Drive			City Burrillville	State RI	Zip 02839		
4. NAICS Code 114210		6. Brief description of the character of business conducted in Rhode Island PHEASANT FARMING AND OPERATION OF A COMMERCIAL HUNTING AND FISHING PRESERVE					
5. State of Incorporation RI							
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name Paula L. Gaebe			Vice-President Name				
Street Address 200 Pheasant Drive			Street Address				
City Burrillville	State RI	Zip 02839	City	State	Zip		
Secretary Name Paula L. Gaebe			Treasurer Name Paula L. Gaebe				
Street Address 200 Pheasant Drive			Street Address 200 Pheasant Drive				
City Burrillville	State RI	Zip 02839	City Burrillville	State RI	Zip 02839		
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	PAR VALUE
			1000		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 Paula L. Gaebe, President					Date 2-18-20		
Signature of Authorized Representative <i>Paula L. Gaebe, President</i>							

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised 10/2017