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State of Rhode Island

Department of State - Business Services Division

FILED STAMP
MAR 04 2021
BY 14516

Annual Report for the year: 2021

Corporation

→ 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
413	ADDIEVILLE EAST FARM, INC.

3. Principal Office Address	City	State	Zip
200 Pheasant Drive	Burrillville	RI	02839

4. NAICS Code	6. Bnef description of the character of business conducted in Rhode Island
114210	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 ☐

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 ☐

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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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	Date
Paula L. Gaebe, President	2-26-21

Signature of Authorized Representative: Paula L. Gaebe

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: 08/2020