



State of Rhode Island

## Department of State - Business Services Division

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.

STAMP

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R.I. DEPT. OF STATE  
BUS SVCS DIV

1. Entity ID Number <u>000153524</u>		2. Exact name of the Corporation <u>FAR Hills Corp</u>		2021 JUN - 1 P 1:17	
3. Principal Office Address <u>34 KILBURN AV</u>		City <u>Lincoln</u>	State <u>RI</u>	Zip <u>02865</u>	
4. NAICS Code <u>484110</u>	6. Brief description of the character of business conducted in Rhode Island <u>TRUCKING</u>				
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>PAUL S MCKENNA</u>			Vice-President Name		
Street Address <u>34 KILBURN AV</u>			Street Address		
City <u>Lincoln</u>	State <u>RI</u>	Zip <u>02865</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		<u>0</u>		<u>0</u>	
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. <b>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.</b>					
Name of Authorized Representative				Date <u>6/7/21</u>	
Signature of Authorized Representative <u>Paul S McKenna</u>					

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

JUN 08 2021

BY Ch 6/3JS

FORM 630 - Revised: 08/2020