



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Corporation

APR 10 2023

BY 16594

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 413		2. Exact name of the Corporation Addieville East Farm, Inc.			
3. Principal Office Address 200 Pheasant Drive			City Mapleville	State RI	Zip 02839
4. NAICS Code 115210		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 Mapleville	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 Mapleville	State RI	Zip 02839	City Mapleville	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			
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.					
<i>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.</i>					
Name of Authorized Representative Paula L. Gaebe					Date 4-4-23
Signature of Authorized Representative 					

MAIL TO:
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