



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

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

REC'D
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STAMP

1. Entity ID Number 000081889		2. Exact name of the Corporation Strawberry Field Estates Inc.			
3. Principal Office Address 445 Warwick Industrial Drive		City Warwick		State RI	Zip 02886
4. NAICS Code 531312		6. Brief description of the character of business conducted in Rhode Island Invest in real estate			
5. State of Incorporation DE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Jeffrey A. Laramee			Vice-President Name		
Street Address 445 Warwick Industrial Drive			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name Jeffrey A. Laramee			Treasurer Name Jeffrey A. Laramee		
Street Address 445 Warwick Industrial Drive			Street Address 445 Warwick Industrial Drive		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Jeffrey A. Laramee			Director Name		
Street Address 445 Warwick Industrial Drive			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued		
			NUMBER OF SHARES 100	CLASS/SERIES Common Shares	PAR VALUE \$1.00 par value
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 Jeffrey A. Laramee			FILED	Date 02/14/2024	
Signature of Authorized Representative			MAR 12 2024		

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov

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