RI SOS Filing Number: 202562983810 Date: 1/21/2025 2:57:00 PM

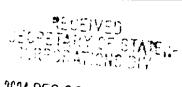


State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024 Corporation

→ Filing period: February 1 - May 1



2024 DEC 30 DH 1: 37

| → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fe | ee if form is not | filed by May 31. | | ģi. | | | |
|---|--|----------------------|----------------------------------|--|--------------------|----------------|--|
| 1. Entity ID Number | 2. Exact name of the Corporation | | | | | | |
| 000005546 | Charles A. Farrell Realty INC. | | | | | | |
| 3. Principal Office Address | | | City Fort W | f | State | Zip | |
| 3916 Kingston Ct. | | | | | TX | 76109 | |
| 4. NAICS Code | Brief description of the character of business conducted in Rhode Island | | | | | | |
| 531120 | Property previously owned and leased in Rhode Island | | | | | | |
| 5. State of Incorporation | | | | | | | |
| Rhode Island | | | | | | | |
| 7. List ALL officers (names and addresses) President Name | | | | Check the box to indicate an attachment ☐ Vice-President Name | | | |
| Mary E. Preffer | | | | | | | |
| Street Address 3916 Kingston Ct. | | | Street Address | | | | |
| City Fort Worth | State TX | ^{Zip} 76109 | City | | State | Zip | |
| Secretary Name Mary E. Pfeffer | | | Treasurer Name Mary E. Pfeffer | | | | |
| Street Address 3916 Kingston Ct. | | | Street Address 3916 Kingston Ct. | | | | |
| City Fort Worth | State TX | ^{Zip} 76109 | City Fort | t Worth | State T | X Zip 76109 | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment | | | | | | | |
| Director Name Mary E. Pfeffer | | | Director Name | | | | |
| Street Address 3916 Kingston Ct. | | | Street Address | | | | |
| Fort Worth | State TX | ^{Zip} 76109 | City | | State | Zip | |
| Director Name | Dire | | | Director Name | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | | State | Zip | |
| 9. Shares Authorized | 10. Shares Issued Check the box to indicate an attachmen | | | | zate an attachment | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF | HARES CLASS/SERI | | S/SERIES | RIES PAR VALUE | |
| | | 100 | | | | | |
| Changes require an additional lilling. | | | | | | | |
| 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 , | | | | | | | |
| Mary E. Pfeffer | | | | | | 12.23.24 | |
| Signature of Authorized Representative | | | | | | | |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov JAN 2 1 2025

