

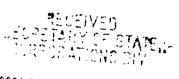
## State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2024 Corporation

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00

REC'D 25 JAN	
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2024 DEC 30 DH 1: 37

→ Penalty: Additional \$25,00 fe	ee if form is not fi	led by May 31.		μĊ			_		
Entity ID Number	2. Exact name of the Corporation								
000005546	Charles A. Farrell Realty INC.								
Principal Office Address			City		State		Zip		
3916 Kingston Ct.				orth	TX		76109		
4. NAICS Code	Code 6. 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 add							achment 🔲		
President Name Mary E. Pfeffer			Vice-President Name						
Street Address 3916 Kingston (	3916 Kingston Ct.			Street Address					
City Fort Worth	State TX	<sup>Zip</sup> 76109	City				Zip		
Secretary Name Mary E. Pfeffer	Treasurer Name Mary E. Pfeffer				effer		1		
Street Address 3916 Kingston Ct.			Street Address 3916 Kingston Ct.						
City Fort Worth	State TX	<sup>Zip</sup> 76109	City Fort Worth			TX	Zip 76109		
8. List ALL directors (names and ad	ldresses)						1		
Director Name Mary E. Pfeffer			Check the box to indicate an attachment  Director Name						
Street Address 3916 Kingston Ct.			Street Address						
Fort Worth	State TX	<sup>Zip</sup> 76109	City		State		Zip		
Director Name			Director Name						
Street Address			Street Address						
City	State	Zip	City		State		Zip		
9. Shares Authorized	l	10. Shares Issue	<u>.</u> ed	Check t	he box to ind	icate an at	tachment [		
This information is currently of recor	d in the	NUMBER OF SI		CLASS/S			PAR VALUE		
Department of State.		100	Α			1			
Changes require an additional filing.			_	1			<u> </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.									
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  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

BY YNI HR

JAN 2 1 2025