



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.

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25 JAN 21 PM 2:54:51

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SECRETARY OF STATE
CORPORATIONS DIV
2024 DEC 30 PM 1:37

1. Entity ID Number 000005546		2. Exact name of the Corporation Charles A. Farrell Realty INC.												
3. Principal Office Address 3916 Kingston Ct.		City Fort Worth	State TX	Zip 76109										
4. NAICS Code 531120	6. Brief description of the character of business conducted in Rhode Island Property previously owned and leased in Rhode Island													
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Mary E. Pfeffer		Vice-President Name												
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 Worth	State TX	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												
City Fort Worth	State TX	Zip 76109	City	State	Zip									
Director Name		Director Name												
Street Address		Street Address												
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment ☐												
		<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>100</td><td>A</td><td>1</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	A	1			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100	A	1												
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				Date 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

FILED 2357

JAN 21 2025

BY YNHR