State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
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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1. Entity ID Number	2. Exact name of the Corporation
000005546	Charles A. Farrell Realty INC.

3. Principal Office Address	City	State	Zip
3916 Kingston Ct.	Fort Worth	TX	76109

4. NAICS 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 addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Mary E. Pfeffer	
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	Director Name
Mary E. Pfeffer	
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 ☐

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	Date
Mary E. Pfeffer	12 23 24

Signature of Authorized Representative: Mary E Pfeffer

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED 2:55
JAN 21 2025
BY

FORM 630- Revised: 12/2023