



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2025

Corporation _____

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

FILED

FEB 07 2025

BY *[Signature]*

[Handwritten signature and scribbles]

1. Entity ID Number 001717565		2. Exact name of the Corporation Kathy Bain Farrell Real Estate, Inc.			
3. Principal Office Address 10 Metcalf Dr.			City Cumberland	State RI	Zip 02864
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Real estate agent representing clients in the sale and purchase of real estate			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kathleen C. Farrell			Vice-President Name John F. Farrell III		
Street Address Same as above			Street Address Same as above		
City	State	Zip	City	State	Zip
Secretary Name Kathleen C. Farrell			Treasurer Name John F. Farrell III		
Street Address Same as above			Street Address Same as above		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		1000	Common	.01	
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 Kathleen C. Farrell				Date 1/25/25	
Signature of Authorized Representative <i>Kathleen C. Farrell</i>					

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