



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
MAR 04 2025
BY 2079

1. Entity ID Number 000005546		2. Exact name of the Corporation Charles A. Farrell Realty			
3. Principal Office Address 47 Woods Ave. Suite 2			City Barrington	State RI	Zip 02917
4. NAICS Code 531120		6. Brief description of the character of business conducted in Rhode Island Own and lease 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 Mary E. Pfeffer			Vice-President Name None		
Street Address 3916 Kingston Ct.			Street Address		
City Fort Worth	State TX	Zip 76109	City	State	Zip
Secretary Name Mary E. Pfeffer			Treasurer Name		
Street Address 3916 Kingston Ct.			Street Address		
City Fort Worth	State TX	Zip 76109	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Mary E. Pfeffer			Director Name None		
Street Address 3916 Kingston Ct.			Street Address		
City Fort Worth	State TX	Zip 76109	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES A	PAR VALUE \$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 2/19/2025	
Signature of Authorized Representative					

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov