RI SOS Filing Number: 202566656080 Date: 3/4/2025 4:00:00 PM



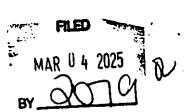
State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025 Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50,00



-	itional \$25,00 fee if form is not filed by May 31.							
1. Entity ID Number	2. Exact name of the Corporation							
000005546	Charles A. Farrell Realty							
3. Principal Office Address			City		State	!	Zip	
47 Woods Ave. Suite 2			Barring	Barrington			02917	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island							
531120	Own and lease Real Estate							
5. State of Incorporation								
RI								
7. List ALL officers (names and addresses)				Check the box to indicate an attachment				
President Name Mary E. Pfeffer				Vice-President Name None				
Street Address 3916 Kingston Ct.			Street Address					
^{City} Fort Worth	State TX	^{Zip} 76109	City				Zip	
Secretary Name Mary E. Pfeffer			Treasurer Name					
Street Address 3916 Kingston Ct.			Street Address					
^{City} Fort Worth	State TX	^{Zıp} 76109	City	State		Zip		
8. List ALL directors (names and addresses) Check the box to indicate an attachment								
Director Name Mary E. Pfeffer			None None					
Street Address 3916 Kingston Ct.			Street Address					
Cily 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		10. Shares Issu	<u> </u>	Che	eck the box to in	dicate an a	tachment	
This information is currently of recor		NUMBER OF SHARES		ASS/SERIES PAR VALUE				
Department of State.		100		Α		\$1		
Changes require an additional filing.								
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-								
ceiver 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	Date		
Mary E. Pfeffer				2/19/2025				
Signature of Authorized Representa	ative							

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov