State of Rhode Island
Department of State - Business Services Division

FILED
MAR 04 2025
BY 2079

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.

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	Barrington	RI	02917
4. NAICS Code	6. 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:	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 ☐

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	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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	2/19/2025
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.ri.gov

FORM 630- Revised: 12/2023