[redacted]

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company		
125258	Farmscapes, LLC		
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island		
Rhode Island	To engage in the management of farmalnd and livestock		
5. Principal office address	City	State	Zip
110 WAPPING ROAD	PORTSMOUTH	RI	02871

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Michelle Grasso			
Street Address	City	State	Zip
206 FIFTH AVENUE, 4TH FLOOR	NEW YORK	NY	10010

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name			Manager Name		
Barbara van Beuren					
Street Address			Street Address		
P. O. Box 4098					
City	State	Zip	City	State	Zip
Middletown	RI	02842			
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	
Elizabeth J. Carroll	15 INDIAN AVENUE	
Address	City	Zip
P O Box 4098	MIDDLETOWN	02842

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

[redacted] 125258

[redacted]

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.

Barbara van Beuren 9/7/07
Signature of Authorized Person *Date*

[redacted] Barbara van Beuren
Print or Type Name of Authorized Person

FILED
File Date SEP 12 2007
Check No.
By By 1814
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07