

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: Sèptember 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.

I. ID No.	2. Exact	2. Exact name of the limited liability company						
121845		RINGBROOK FARMS, L.L.C.						
3. State of Formation RHODE ISLAND 4. Brief description of the character of the business u				ss which is actually conducted in Rho	ode Island		-	
5. Principal office address				City	State	Zij	n.	
135- Farrier Avence				11-00 1/7/h.	. 0 -	1 1	2932	
0. MAILING ADDK	ESS OF L	IMITED LIABILIT	TY COMPANY AND N	AME OR TITLE OF CONTAC	T PERSON:	- ,		
Contact Name				Contact Title				
Bruce	130	Zymia		Presiden	President			
Street Address	,			City	State	Zif	9	
Street Address 135- Fairview Avenue				HAR VELLey	1 / 21	\geq , $ a $	2832	
7. NAME AND ADI	RESS OF	FEACH MANAGE FILL IN SPA	R OF THE LIMITED L CES BEFORE USING	IABILITY COMPANY, IF API ATTACHMENTS ("X" BOX F	PLICABLE - DO N	OT LIST ME	MBERS	
Manager Name				Manager Name	· —			
				namager name	manager name			
Bruce Brzyman Street Address 135- Firvich Avenue City State Zip Huse VIIIcy R. I. 2822				Street Address	Street Address			
135- FZITVICW AVENUE								
City	./	State	Zip	City	State	Ziţi)	
Hupe-VIII	(c /	RITI	02832					
Munager Name				Manager Name	Manager Name			
Street Address				Street Address	Street Address			
		, -						
City		State	Zip	City	State	Zip		
8 RESIDENT AGEN	JT IN DE	OTHE TETTAND D) > VOT 1 + T = 0 + 1	. 1	i, I			
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes Agent Name BRUCE BRAYMAN			ges require filing of Form Address					
Address 116 FAIRVIEW AVENUE				City HOPE VALLEY		Zip 02832-		
				 		<u> </u>		

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

FILED File Date	Under penalty of perj including any accomp contained herein are t
Check No. By	Signature of Authorized
FOR SECRETARY OF STATE USE ONLY	Bruce Print or Type Name of

ury, I declare and affirm that I have examined this report, panying schedules and statements, and that all statements, rue and correct.

B	Frence	area	9/2/6
Signature of Authori		Date	1/0-1/2/
Bruce	of Authorized Person	22	
Print or Type Name	of Authorized Person		