

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

ence, 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 th	e limited liabil	ity company				
128637	STONY HILL CA	Y HILL CATTLE COMPANY, LLC					
3. State of Formation RHODE ISLAND	4. Brief de TO BU	scription of the Y AND SELI	e character of the business w L FARM AND LIVESTO	hich is actually conducted in Rhode CK PRODUCTS AND GOODS	e Island		
5. Principal office address 363 Schumunkanuc Hill Road				City Charlestown	State		Zip
Kim Coulter	SS OF LIMITED	LIABILITY	COMPANY AND NAMI	E OR TITLE OF CONTACT	RI Person:		1 02813
Street Address			1	City	State		Zip
363 Schumunkanuc Hill Road 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIAI			Charlestown	RI		02813	
/. NAME AND ADDR	ESS OF EACH M FILI	ANAGER C L IN SPACE	OF THE LIMITED LIAB S BEFORE USING AT	ILITY COMPANY, IF APPL CACHMENTS ("X" BOX FOR	ICABLE - DO N	NOT LIST	<u>MEMBERS</u>
Manager Name				Manager Name	(ATTACHINENT)	Ц	
Street Address				Street Address			
City	State		Zip	City	State	· .	Zip
Manager Name	************	•••••••	·	Manager Name		•	.)
Street Address				Street Address	·		
City	State	_	Ζψ	City	State	···	Zip
8. RESIDENT AGENT Agent Name GEORGE A. COMOLLI,		ND - DO N	, IOT ALTER - Changes	require filing of Form 64 Address	 42 - R.I.G.L. 7-1	6-11	I
Address 15 FRANKLIN STREET			City WESTERLY		<i>Zip</i> 02891-		
		···.	 -	<u> </u>		<u> </u>	

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

File Date	FILED				
Check No.	OCT 2 3 2007	585			
Ву:	Ву	-mR			
Ву:	FOR SECRETARY OF STATE USE	-M			

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.

Signature of Authorized Person

Kim Coulter

Print or Type Name of Authorized Person