



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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. 155662		2. Exact name of the limited liability company Four Ten Farm LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Investment in real estate and any other lawful purpose	
5. Principal office address 128 DORRANCE STREET		City Providence	State RI
		Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Dana H Gaebe		Contact Title	
Street Address 128 Dorrance Street		City Providence	State RI
		Zip 02903	
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 Geoff A. Gaebe		Manager Name	
Street Address 200 Pheasant Drive		Street Address	
City Mapleville	State RI	City	State
Zip 02839		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 Dana H Gaebe		Address	
Address 128 Dorrance Street		City PROVIDENCE	Zip 02903

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

155662

FILED

File Date **NOV 13 2007**
Check No. **8240**
By: **8240**

FOR SECRETARY OF STATE USE ONLY

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.

Geoff A. Gaebe 11/8/07
Signature of Authorized Person Date

GEOFF A. GAEBE
Print or Type Name of Authorized Person