



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. 121527		2. Exact name of the limited liability company PERKINS FARM LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PURCHASE, SALE AND MANAGEMENT OF REAL AND/OR PERSONAL PROPERTY			
5. Principal office address 127 SOUTH PIER ROAD		City NARRAGANSETT		State RI	Zip 2882
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name WILLIAM J. MARINELLI			Contact Title		
Street Address 50 STOW ROAD		City HARVARD		State MA	Zip 01451
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		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 PASTER & HARPOOTIAN, LTD.			Address ONE PROVIDENCE WASHINGTON PLAZA		
Address			City PROVIDENCE		Zip 02903

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

121527

FILED	
File Date	NOV 16 2007
Check No.	
By:	By 597
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.

Signature of Authorized Person

11/16/2007
Date

William J. Marinelli

Print or Type Name of Authorized Person