RI SOS Filing Number: 200805934540 Date: 01/18/2008 4:00 PM

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.	2. Exact name of the limited liability company
131036	MEADOWBROOK FARMS LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	LANDSCAPING SUPPLIES AND GARDEN CENTER

5. Principal office address	City	State	Zip
ONE OLD MOUNTAIN Rd	WYOMING	RI	02898

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

Contact Name	Contact Title
KIMBERLY KEEFE	MANAGER

Street Address	City	State	Zip
ONE OLD MOUNTAWRd	WYOMING	RI	02898

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
KIMBERLY KEEFE	
Street Address	Street Address
ONE OLD MOUNTAIN Rd	
City / State / Zip: WYOMING / RI / 02898	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	Address
KIMBERLY KEEFE	
Address: ONE OLD MOUNTAIN ROAD	City: WYOMING / Zip: 02898-

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

[redacted] [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.

Signature of Authorized Person — *Date* 12/31/07

[redacted]

KIMBERLY KEEFE
Print or Type Name of Authorized Person

File Date FILED
Check No. JAN 18 2008
By: By 2678 mnc
18157-18-212458
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07