RI SOS Filing Number: 200809678170 Date: 03/06/2008 4:00 PM

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

A. Ralph Mollis, Secretary of Stat
Corporations Divisio
148 W. River Stree
Providence, RI 02904-261
401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation
36904	BEAVER RIVER FARMS, INC.

3. Street Address Principal Business Office	City	State	Zip
9 Canal Street	Westerly	RI	02891

4. Business Phone No.	5. State of Incorporation
401-364-6922	RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
Light Trucking and Grounds Maintenance

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Brian W. Curtis	183 Highfield Drive, PO Box 697	Brownsville	VT	05037

Vice President Name	Street Address	City	State	Zip
Raymond Todd Curtis	Hawksbill Way, PO Box 264	Kenyon	RI	02898

Secretary Name	Street Address	City	State	Zip
Brian W. Curtis	183 Highfield Drive, PO Box 697	Brownsville	VT	05037

Treasurer Name	Street Address	City	State	Zip
Raymond Todd Curtis	Hawksbill Way, PO Box 264	Kenyon	RI	02891

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Brian W. Curtis	183 Highfield Drive, PO Box 697	Brownsville	VT	05037

Director Name	Street Address	City	State	Zip
none				

Director Name	Street Address	City	State	Zip
Raymond Todd Curtis	Hawksbill Way, PO Box 264	Kenyon	RI	02898

Director Name	Street Address	City	State	Zip
none				

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
2,000		NO PAR VALUE

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1,000		NO PAR VALUE

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this repor including any accompanying schedules and statements, and that all statemen contained herein are true and correct.

Signature *Date* 3/4/08

BRIAN W. CURTIS
Print or Type Name

PRESIDENT
Title

[redacted]

File Date FILED

Check No. MAR 06 2008 1888

By: By

21503-2-246635
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/06