



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 2008

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

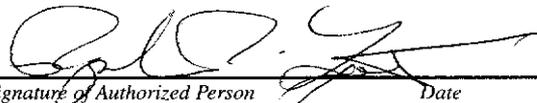
In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 139646		2. Exact name of the limited liability company GLOCESTER GREENS & GOATS LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island SELL SALAD GREENS AND GOAT MILK SOAPS & LOTIONS			
5. Principal office address 1535 SNAKE HILL RD		City GLOCESTER	State RI	Zip 02857	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name CAROLYN LAPOINTE			Contact Title PRESIDENT		
Street Address 1535 SNAKE HILL RD		City GLOCESTER	State RI	Zip 02857	
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) <input type="checkbox"/>					
Manager Name CAROLYN LAPOINTE			Manager Name RAYMOND LAPOINTE		
Street Address 1535 SNAKE HILL RD		Street Address 1535 SNAKE HILL RD			
City GLOCESTER	State RI	Zip 02857	City GLOCESTER	State RI	Zip 02857
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 UPTON SAVOIE JR			Address		
Address 118 GARD ST.		City PROVIDENCE	State RI	Zip 02906	

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

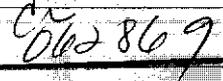
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.


 Signature of Authorized Person _____ Date 7/8/08
 RAYMOND R. LAPOINTE
 Print or Type Name of Authorized Person

FILED

File Date: JUL 08 2008

Check No. _____

By: 

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