



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. <u>139646</u>		2. Exact name of the limited liability company <u>G-LOCESTER GREENS &amp; GOATS, LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>SELL SALAD GREENS AND GOAT MILK SOAPS &amp; LOTIONS</u>			
5. Principal office address <u>1535 SNAKE HILL RD</u>		City <u>GLOCESTER</u>	State <u>RI</u>	Zip <u>02857</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>CAROLYN LAPOINTE</u>		Contact Title <u>PRESIDENT</u>			
Street Address <u>1535 SNAKE HILL RD</u>		City <u>GLOCESTER</u>	State <u>RI</u>	Zip <u>02857</u>	
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 <u>CAROLYN LAPOINTE</u>		Manager Name <u>RAYMOND LAPOINTE</u>			
Street Address <u>1535 SNAKE HILL RD</u>		Street Address <u>1535 SNAKE HILL RD</u>			
City <u>GLOCESTER</u>	State <u>RI</u>	Zip <u>02857</u>	City <u>GLOCESTER</u>	State <u>RI</u>	Zip <u>02857</u>
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 <u>UPTON SAVOIE JR</u>		Address			
Address <u>118 GAND ST.</u>		City <u>PROVIDENCE</u>		Zip <u>02906</u>	

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

<b>FILED</b>	
File Date <u>JUL 08 2008</u>	
Check No. <u>02869</u>	
By <u>Raymond R. Lapointe</u>	
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.

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