



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. <b>139646</b>		2. Exact name of the limited liability company <b>G-LOCESTER GREENS &amp; GOATS, LLC</b>			
3. State of Formation <b>RI</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>SELL SALAD GREENS AND GOAT MILK SOUPS &amp; LOTIONS</b>			
5. Principal office address <b>1535 SNAKE HILL RD</b>		City <b>GLOCESTER</b>	State <b>RI</b>	Zip <b>02857</b>	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>					
Contact Name <b>CAROLYN LAPOINTE</b>			Contact Title <b>PRESIDENT</b>		
Street Address <b>1535 SNAKE HILL RD</b>		City <b>GLOCESTER</b>	State <b>RI</b>	Zip <b>02857</b>	
<b>7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>CAROLYN LAPOINTE</b>			Manager Name <b>RAYMOND LAPOINTE</b>		
Street Address <b>1535 SNAKE HILL RD</b>		Street Address <b>1535 SNAKE HILL RD</b>			
City <b>GLOCESTER</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>GLOCESTER</b>	State <b>RI</b>	Zip <b>02857</b>
Manager Name			Manager Name		
Street Address		Street Address			
City	State	Zip	City	State	Zip
<b>8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11</b>					
Agent Name <b>UPTON SAVOIE JR</b>			Address		
Address <b>118 GAND ST.</b>		City <b>PROVIDENCE</b>		Zip <b>02906</b>	

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

**FILED**

File Date: **JUL 08 2008**

Check No. **02869**

By: **[Signature]**

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]** **7/8/08**  
 Signature of Authorized Person Date

**RAYMOND R. LAPOINTE**  
 Print or Type Name of Authorized Person