



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

Fee: \$50.00

Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615  
Telephone: (401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

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.

**ANNUAL REPORT YEAR:** 2008

**1. ID No.** 000165194

**2. Exact Name of the Limited Liability Company** Upper Farm, LLC

**3. State of Formation**

State: RI

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

The purpose of the Company is to (a) engage in investment, ownership and development of real estate and interests therein, including buying, acquiring, owning, operating, selling, financing, refinancing, disposing of and otherwise dealing with interests in real estate, directly or indirectly through joint ventures, partnerships or other entities, and any activities directly or indirectly related or incidental thereto; and, (b) engage in any business permitted under the Act which the Members shall deem desirable or expedient for the protection or benefit of the Company and the protection of its assets and which a limited liability company organized under the laws of the State of Rhode Island may lawfully engage.

**5. Principal Office Address**

No. and Street: 612 GREENWICH AVENUE  
City or Town: WARWICK State: RI Zip: 02886 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:  
No. and Street: 612 GREENWICH AVENUE  
City or Town: WARWICK State: RI Zip: 02886 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

GENE M. CARLINO, ESQ. 410 SOUTH MAIN STREET PROVIDENCE , RI 02903-

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

**Signed this 17 Day of October, 2008 at 2:03:34 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JOSEPH CATELLI  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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