RI SOS Filing Number: 200944633180 Date: 03/27/2009 4:00 PM

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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		
5050	Cragged Mountain Farm, Inc.		
3. Street Address Principal Business Office	City	State	Zip
124 Waterman Street	Providence	RI	02906
4. Business Phone No.	5. State of Incorporation		
(603) 539-4070	Rhode Island		

6. Brief Description of the Character of Business Conducted in Rhode Island
Summer camp for children/outdoor recreation

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

President Name	Street Address	City	State	Zip
Benjamin Utter	590 Oak Wood Rd.	No. Berwick	ME	03906
Vice President Name	**Street Address**	**City**	**State**	**Zip**
Henry Utter	35 Alston Street	Arlington	MA	02474
Secretary Name	**Street Address**	**City**	**State**	**Zip**
Kathy Utter	330 Washington St., #3	Brookline	MA	02146
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
Philip H. Utter	17 Lincoln Street	Exeter	NH	03833

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

Director Name	Street Address	City	State	Zip
None				
Director Name	**Street Address**	**City**	**State**	**Zip**
Director Name	**Street Address**	**City**	**State**	**Zip**

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SECRETARY OF STATE
CORPORATIONS DIV

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	Common	NOne

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.

FILED
MAR 27 2009
By MD

[redacted]

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.

3/9/09
Signature *Date*

Philip H. Utter
Print or Type Name

Treasurer
Title

[redacted]

File Date _____
Check No. _____
By: _____

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31995-5-357884

Form 630 Rev. 08/08