

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* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* 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.	2. Exact name of the limited liability company					
12/845	5 Prino	brock 1	Farms LL	(4.		
3. State of Formation	4. Brief Scription		nusiness which is actually conducted i	in Rhode Island		
RIT	ير ا	Zrmino				
5. Principal office address			City	Zile State	, 02832	
MAHING ADDRES	Z/YV/COU	TITY COMPANY AN	D NAME OR TITLE OF CON		, 102 002	
Contact Name	55 OF LIMITED LIABI	LITT COMPANT AN	: Contact Title	IACI PERSON:		
Bruce	= 13rzy	mZN		dent		
Street Address	Zirvien		City	EZMey State	Zip non n	
135-1	Zirvien	, Aven	ie mye i		832	
7. NAME AND ADDR			ED LIABILITY COMPANY, IF		LIST MEMBERS	
	FILL IN S	SPACES BEFORE US	ING ATTACHMENTS ("X" B	OX FOR ATTACHMENT)		
Manager Name			Manager Name	Manager Name		
Bruce ,	Brozving	<u> </u>	*			
Street Address			Street Address	Street Address		
135- FZ/	wien 1	vence				
City	State	Zip	City	State	Zip	
Hele VIII	EX RIT	0283	2			
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
		* [a.		·		
City	State	* Zip	City	State	* Zip	
8. RESIDENT AGENT	I IN RHODE ISLAND	I	•	I	l	
This information is cur	rently of record in the (Office of the Secretary	of State. Changes require filing	g of Form 642 - R.L.G.L. 7-16	5-11	
				D		

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

File Date	10-8-09
Check No.	29/
Ву:	mnc
	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 of Authorized Person Date

Print or Type Name of Authorized Person