RI SOS Filing Number: 200953482470 Date: 10/27/2009 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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

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		
133708	Windy Acres Farm, LLC		
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island		
RI	Purchasing, selling and handling real estate		
5. Principal office address	City	State	Zip
1625 Diamond Hill Rd., Suite 201	Woonsocket	RI	02895

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Joseph J. Roszkowski	Resident Agent		
Street Address	City	State	Zip
1625 Diamond Hill Rd., Suite 201	Woonsocket	RI	02895

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) ☐

Manager Name	Manager Name
Stephen D. Hinton	Carolyn F. Hinton
Street Address	Street Address
113 Providence Street	113 Providence Street
City / State / Zip	City / State / Zip
Mendon / MA / 01756	Mendon / MA / 01756
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / Zip

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

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

[redacted] [redacted]

FILED

File Date OCT 27 2009

Check No. By 413

By:

FOR SECRETARY OF STATE USE ONLY

39628-42-447817

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.

Stephen D Hinton September 29, 2009
Signature of Authorized Person *Date*

[redacted]

Stephen D. Hinton, Manager
Print or Type Name of Authorized Person

Form 632 Rev. 08/08