



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. 133708		2. Exact name of the limited liability company Windy Acres Farm, LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Purchasing, selling and handling real estate	
5. Principal office address 1625 Diamond Hill Rd., Suite 201		City Woonsocket	State RI
		Zip 02895	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Joseph J. Roszkowski		Contact Title Resident Agent	
Street Address 1625 Diamond Hill Rd., Suite 201		City Woonsocket	State RI
		Zip 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 Stephen D. Hinton		Manager Name Carolyn F. Hinton	
Street Address 113 Providence Street		Street Address 113 Providence Street	
City Mendon	State MA	City Mendon	State MA
Zip 01756		Zip 01756	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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).

FILED

File Date OCT 27 2009
Check No. By 413
By: _____

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.

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

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