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

LOGOUT

Limited Liability Company
Annual Report

ANNUAL REPORT YEAR: 2009

1. ID No. 000267982

2. Exact Name of the Limited Liability Company H. WILLIAM CHALSMA FARM LLC

3. State of Formation

State: RI

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

OWNERSHIP & OPERATION OF A FARM

5. Principal Office Address

No. and Street: 185 ST RONAN STREET

City or Town: NEW HAVEN State: CT Zip: 06511 Country: USA

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

Contact Name: JOAN A MCCORMICK Contact Title: TRUSTEE

No. and Street: 29 ICE POND ROAD

FILED
NOV 10 2009
By 2075

City or Town: WESTERLY State: RI Zip: 02891 Country: USA

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

First Name: Middle Name: Last Name: Suffix:

Address: City: State: Zip: Country:

Clear Add

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JOAN A. MCCORMICK 29 ICE POND ROAD WESTERLY , RI 02891

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

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name: JOAN A. MCCORMICK
Business Name:
No. and Street: 29 ICE POND ROAD Resident/Registered Agent
City or Town: WESTERLY State: RI Zip: 02891 Country:
Contact Phone: 401-596-6555 ext:
Contact Email: joanamccormick1@cox.net

Clear

Please provide an email address to receive an expedited response from the Corporations Division if the filing is rejected for any reason. If no email address is provided, correspondence from the Division will be sent by mail.

Signed this 10 Day of September, 2009 at 8:33:23 AM 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 Joan A. McCormick
Signature of Authorized Person

liability to any individual for the preclearance for filing, the acceptance for filing or the filing and indexing of this instrument by the secretary of state.

Accept Decline

FILED
NOV 10 2009
By 267982