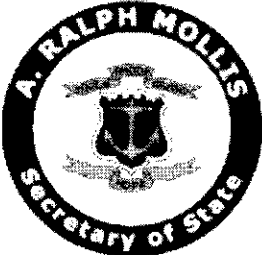


9/10/2009

State of Rhode Island and Provide...

	State of Rhode Island and Providence Plantations	Fee: \$50.00
	Office of the Secretary of State	
	Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615 Telephone: (401) 222-3040	
	LOGOUT	

Limited Liability Company

Annual Report

For the year ending 12/31/2009



Annual Report for the year ending 12/31/2009. The report must be filed by the owner or manager of the company. The report must be filed by the owner or manager of the company. The report must be filed by the owner or manager of the company.

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

9/10/2009

State of Rhode Island and Provide...

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:

**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).

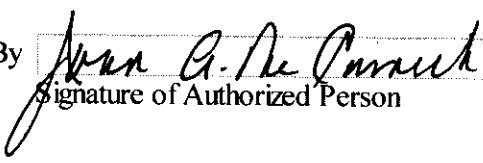
Filer's Contact Information

(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

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 
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