

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2011

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00. 1. Corporate ID No. 2. Name of Corporation 92647 Winsor Farm Sales, Inc. 3. Street Address Principal Business Office State 11 Winsor Avenue Scituate RI 02857 4. Business Phone No. 5. State of Incorporation (401) 934-4458 Rhode Island 6. Brief Description of the Character of Business Conducted in Rhode Island The purchase, sale, breeding, boarding and showing of horses. 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name William R. Lowry Abigail S. Lowry Street Address Street Address 11 Winsor Avenue 11 Winsor Avenue City State Zip City State ZipScituate RI02857 Scituate RI 02857 Secretary Name Treasurer Name Beth A. Nunes William R. Lowry Street Address Street Address 11 Winsor Avenue 295 Lakeshore Drive City State 2ip City Ζip RΙ 02859 Scituate 02857 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS Director Name William R. Lowry Street Address Street Address 11 Winsor Avenue City State ZiDScituate 0.2857 RI Director Name Street Address Street Address City State ZipZip9. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES - THIS SECTION MUST BE COMPLETED Number of Shares Class/Series This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of 100 instruction sheet. no par

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED.	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
File Date FEB 25 2011	contained herein are true and correct. Signature Contained herein are true and correct. Date Date
Check No. Cl. # 5399	Beth A. Nunes Print or Type Name
FOR SECRETARY OF STATE USE ONLY	Secretary Title Form 630 Rev. 08/08