

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 2011

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

)) is subject to a pena	lty fee of \$25.00.					
4. Br HO	ief description of the chara G FARM	cter of the business which is act	ually conducted in Rhoc	le Island		
5. Principal office address 203 HARTFORD PIKE			TER	State RI	<i>Zip</i> 02825	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND Contact Name MARIA VINAGRO			NAME OR TITLE OF CONTACT PERSON: Contact Title MEMBER			
rreer Address 203 HARTFORD PIKE			TER	State RI	Zip 02825	
Manager Name			Manager Name			
Street Address			Street Address			
State	Zip	City		State	Zip	
		Manag	ger Name			
Street Address			Street Address			
State	Zip	City		State	Zip	
		Secretary of State. Change	es require filing of F	Form 642 - R.I.G.L. 7-		
					ON 14 WW 11:00	
	2 Exact name HILL FARM 4. Br HO PESS D PIKE RESS OF LIMITS CO D PIKE DRESS OF EAC State State	HILL FARM LLC 4. Brief description of the charal HOG FARM PESS D PIKE RESS OF LIMITED LIABILITY COMINGO D PIKE DRESS OF EACH MANAGER OF THE FILL IN SPACES BEILT State State Zip Zip State Zip Zip Zip State Zip Zip Zip State Zip Zip Zip State Zip Zip Zip Zip State Zip Zip Zip Zip Zip State Zip Z	2 Exact name of the limited liability company HILL FARM LLC 4. Brief description of the character of the business which is act HOG FARM POST City FOST COMPANY AND NAME OR THE CONTAIN COMPANY AND NAME OR THE CONTAIN MEM City FOST DRESS OF EACH MANAGER OF THE LIMITED LIABILITY OF FILL IN SPACES BEFORE USING ATTACHMIT Manager Street State Zip City Manager Street State Zip City City Manager City City City Manager City	2. Exact name of the limited liability company HILL FARM LLC 4. Brief description of the character of the business which is actually conducted in Rhox HOG FARM 2. Piter description of the character of the business which is actually conducted in Rhox HOG FARM 2. City FOSTER 2. City FOSTER 3. City FOSTER 3. City FOSTER 4. DPIKE 4. Brief description of the character of the business which is actually conducted in Rhox HOG FARM City FOSTER 3. City FOSTER 4. DPIKE 5. City FOSTER 5. City Manager Name 5. State 5. State 5. Zip 6. City Manager Name 5. Street Address 5. State 5. State 5. State 5. State 7. Zip 7. City Manager Name 5. Street Address 5. State 7. Zip 7. City Manager Name 5. Street Address 5. State 7. Zip 7. City Manager Name 5. Street Address 6. City Manager Name	2 Exact name of the limited liability company HILL FARM LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island HOG FARM City FOSTER RI RI RESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title MEMBER City FOSTER RI DPIKE FOSTER RI DRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NO' FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) Manager Name Street Address State State Zip City State Manager Name Street Address Street Address State Street Address	

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

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17.09	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	contained herein are true and correct.
Check No	Signature of Authorized Person Date
By:	MARIA VINAGRO
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person