



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 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 (R.I.G.L. 7-16-66 (b)(7)) is subject to a penalty fee of \$25.00.

1. ID No. 484505		2. Exact name of the limited liability company HAZARD BROTHERS ORCHARD LLC			
3. State of Formation R.I.		4. Brief description of the character of the business which is actually conducted in Rhode Island APPLE ORCHARD			
5. Principal office address 2069 CRANSTON ST.			City CRANSTON	State R.I.	Zip 02920
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name BERNICE TOUGAS			Contact Title OWNER		
<del>Street Address 2037 CRANSTON ST.</del>			<del>City CRANSTON</del>	<del>State R.I.</del>	<del>Zip 02920</del>
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
<del>Manager Name HARRY TOUGAS</del>			<del>Manager Name</del>		
<del>Street Address</del>			<del>Street Address</del>		
City	State	Zip	City	State	Zip
<del>Manager Name</del>			<del>Manager Name</del>		
<del>Street Address</del>			<del>Street Address</del>		
City	State	Zip	City	State	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 JAN 25 2012  
 Check No. 1 By mne  
 By: 4641  
 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.

Bernice Tougas Jan. 23, 12  
 Signature of Authorized Person Date  
BERNICE TOUGAS JAN. 23, 12  
 Print or Type Name of Authorized Person