



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 2009

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00

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&c)) is subject to a penalty fee of \$25.00.

1. ID No. 000113009		2. Exact name of the limited liability company Plain Lane Acres, LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Christmas trees and nursery stock	
5. Principal office address 50 Lynn Circle		City East Greenwich	State RI
		Zip 02818	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Matthew W. Leyden		Contact Title President	
Street Address 50 Lynn Circle		City East Greenwich	State RI
		Zip 02818	
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"/>			
Matthew W. Leyden		Manager Name	
Street Address		Street Address	
50 Lynn Circle		165 Lynn Circle	
City East Greenwich	State RI	City East Greenwich	State RI
Zip 02818		Zip 02818	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name Stacy B. Ferrara, ESQ		Address Suite 3	
Address 475 Tiogue Ave		City Coventry	Zip 02816

**FILED**

**NOV 15 2012**

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

BY

000113009

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.

Matthew W. Leyden 11-15-2012  
Signature of Authorized Person Date  
Matthew W. Leyden  
Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
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