RI SOS Filing Number: 201203938390 Date: 11/15/2012 4:00 PM

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 2005

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 - DO NOT LIST MEMBERS

FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name			Manager Name		
... W. Leyden					
Street Address			*Street Address*		
City ...nwich	*State* RI	*Zip* 02818	*City*	*State* RI	*Zip* 02818
Manager Name			*Manager Name*		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*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

BY 183451 DS

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

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 11-15-12
Signature of Authorized Person *Date*

Matthew W. Leyden
Print or Type Name of Authorized Person

File Date ____________

Check No. ____________

By: ____________

8527349 FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07