



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 2004

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 Matthew W. Leyden			Manager Name Matthew W. Leyden		
Street Address 50 Lynn Circle			Street Address 165		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Manager Name Matthew W. Leyden			Manager Name Matthew W. Leyden		
Street Address 50 Lynn Circle			Street Address 165		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
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

183451 DS

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: _____
FOR SECRETARY OF STATE USE ONLY