



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 592726		2. Exact name of the limited liability company NEW ENGLAND GRASS FED LLC			
3. State of Formation RI.		4. Brief description of the character of business conducted in Rhode Island RAISER and SELLER of GRASS-FED Beef and RABBIT			
5. Principal office address 248 SPRING STREET		City Hope Valley	State RI	Zip 02832	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name PATRICK BECK		Contact Title OWNER			
Street Address 248 SPRING STREET		City Hope Valley	State RI	Zip 02832	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name		Manager Name PATRICK M. BECK			
Street Address		Street Address 248 SPRING STREET			
City	State	Zip	City HOPE VALLEY	State RI	Zip 02832
Manager Name		Manager Name			
Street Address		Street Address			
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 Form 642.					

FILED

DEC 03 2012

By *mmc*

CA # 351

2012 DEC 3 AM 10:59
 OFFICE OF THE SECRETARY OF STATE
 CORPORATION SERVICES DIV.

File Date _____
 Check No _____
 By: _____
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.

Patrick M. Beck **9-7-12**
 Signature of Authorized Person Date

PATRICK M. BECK
 Print or Type Name of Authorized Person