



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. 541928		2. Exact name of the limited liability company SCOOTFARM ENTERPRISES, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island WINE & BEER WHOLESALE DISTRIBUTOR			
5. Principal office address ONE OFFICE PARKWAY		City EAST PROVIDENCE	State RI	Zip 02914	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name VINCENT A. ARMENIO		Contact Title MANAGER			
Street Address ONE OFFICE PARKWAY		City EAST PROVIDENCE	State RI	Zip 02914	
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 VINCENT A. ARMENIO		Manager Name NONE			
Street Address 64 FRANCIS STREET		Street Address			
City REHOBOTH	State MA	Zip 02769	City	State	Zip
Manager Name NONE		Manager Name NONE			
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.					

2012 DEC -4 AM 11:12

FILED ✓

DEC 04 2012

BY cc 184747
11:12

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.

Signature of Authorized Person _____ Date _____

VINCENT A. ARMENIO
 Print or Type Name of Authorized Person