

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 2013

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.	B .	2. Exact name of the limited liability company								
159055	High To	wer Farm, LLC								
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island Real Estate								
Rhode Island	Real Est									
5. Principal office address 376 William Reynolds Road			City Exeter	State RI	Zip 02822					
BHVALLING/ADDRESSIO	FLUMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTAC	T PERSON:						
Contact Name Ronald Mann			Contact Title Member							
Street Address 376 William Reynolds Road			City Exeter	State RI	Zip 02822					
7, LIST <u>ALL</u> MANAGERS ("X", BOX FOR ATTACK	(NAMES AND ADD (MENT)	PRESSES) OF THE	LIMITED LIABILITY COMPAN	Y, IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS					
Manager Name			Manager Name							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
Manager Name	<u> </u>		Manager Name							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
8. RESIDENT AGENT IN F	HODE ISLAND									
This information is curre	ntly of record in the	e Office of the Seci	retary of State. Changes requ	ire filing Form 642.						

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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 berein are true and correct

Signature of Authorized Person

Date

Ronald Mann

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012