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 2014

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**

2014 SEP -4 PM 3:20
SECRETARY OF STATE
CORPORATIONS DIV

1. Entity ID No.	2. Exact name of the limited liability company		
795374	Fish Hawk Farm LLC		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island		
RHODE ISLAND	TO HOLD REAL ESTATE		
5. Principal office address C/O HOWLAND EVANGELISTA KOHLENBERG LLP ONE FINANCIAL PLAZA, SUITE 1600	City PROVIDENCE	State RI	Zip 02903

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
KINNAIRD HOWLAND, ESQ.			
Street Address C/O HOWLAND EVANGELISTA KOHLENBERG LLP ONE FINANCIAL PLAZA, SUITE 1600	City PROVIDENCE	State RI	Zip 02903

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐

Manager Name			Manager Name		
KINNAIRD HOWLAND, ESQ.					
Street Address C/O HOWLAND EVANGELISTA KOHLENBERG LLP ONE FINANCIAL PLAZA, SUITE 1600			Street Address		
City PROVIDENCE	State RI	Zip 02903	City	State	Zip
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
SEP 04 2014

File Date _____ BY VL 231618
Check No _____ 3.20
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.

Kinnaird Howland 9/2/2014
Signature of Authorized Person Date

KINNAIRD HOWLAND, ESQ.
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012