



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

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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.

1. Entity ID No. 137240		2. Exact name of the limited liability company GLEN RIDGE FARM, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island ALPACA FARM			
5. Principal office address 290 FRANK COELHO DRIVE		City PORTSMOUTH	State RI	Zip 02871	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name KEVIN B. TARSAGIAN		Contact Title MANAGER			
Street Address 290 FRANK COELHO DRIVE		City PORTSMOUTH	State RI	Zip 02871	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name KEVIN B. TARSAGIAN		Manager Name NONE			
Street Address 290 FRANK COELHO DRIVE		Street Address			
City PORTSMOUTH	State RI	Zip 02871	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.					

FILED

OCT 16 2014

BY

59417

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.

Kevin B. Tarsagian
Signature of Authorized Person

9-22-2014
Date

KEVIN B. TARSAGIAN, MANAGER

Print or Type Name of Authorized Person