

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

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

Street Address City State Zip City State Zip Manager Name Street Address Street Address	1. Entity ID No.	2. Exact nar	2. Exact name of the limited liability company				
3. State of Formation RI 5. Principal office address 2 Olson's Way 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Gerald Zarrella Street Address 2 Olson's Way City East Greenwich Manager Contact Title Manager Street Address 2 Olson's Way 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMB ("X" BOX FOR ATTACHMENT) Manager Name Street Address City State Zip Manager Name Street Address	E05007	Gerald's	Farm, LLC				
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8. RESIDENT AGENT IN RHODE ISLAND	R RESIDENT AGENT IN I	HODE ISLAND				6 P2 2 P 5 P 5 P 5 P 5 P 5 P 5 P 5 P 5 P	
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.	" Intil the party of the second	* ! * Par	o Office of the Sec	rotony of State Changes results fill	na Eorm 642		

FILED

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File Date	Under penalty of perjury, I declare and offirm that I have examined this report including any accompanying schedules and statements and they all statements contained be einfare true and correct.
Check No	Signature of Authorized Person Date
By:FOR SECRETARY OF STATE USE ONLY	Gerald P. Zamella Sr.
	Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012