

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.

1. Entity ID No.	2. Exact na	2. Exact name of the limited liability company				
146446	Maplewe	Maplewood Farm, LLC				
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island				
Rhode Island	Agricult	Agriculture				
5. Principal office address 234 Hedly Street			City Portsmouth	State RI	Zip 02871	
6. MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTA	ACT PERSON:		
Contact Name Judith A. Carvalho			Contact Title Resident Agen	Contact Title Resident Agent		
Street Address 234 Hedly Street			City Portsmouth	State RI	Zip 02871	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		DRESSES) OF THE	LIMITED LIABILITY COMPA	NY, IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State.	Zip	City	State	Zip ************************************	
Manager Name			Manager Name			
Street Address			Street Address	Street Address		
City	State	Žip	City	State	Zip	
8. RESIDENT AGENT IN R	HODE ISLAND				I	
This information is curren	tly of record in th	e Office of the Secr	etary of State. Changes req	uire filing Form 642.		
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FILED

File Date	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.		
Check No	Signature of Authorized Person	11/21/14	
By:	Signature of Authorized Person	Date	
FOR OPPORTABLE OF STATE LIST ONLY	Judith A. Carvalho		
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012