



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 14124		2. Exact name of the Corporation Stearns Farms, Inc.			
3. Principal office address One North Main Road		City Jamestown	State RI	Zip 02835	
4. Business Phone No. 401-423-0900		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Real Estate and Insurance					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name David Stearns Martin			Vice-President Name Janice Murdock Martin		
Street Address 5 Fairview Street			Street Address 5 Fairview Street		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
Secretary Name Janice Murdock Martin			Treasurer Name David Stearns Martin		
Street Address 5 Fairview Street			Street Address 5 Fairview Street		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Bradford McGaughan Martin			Director Name Jennifer Stearns Talancy		
Street Address 152 Hanks Hill Road			Street Address 915 East Shore Road		
City Storrs	State CT	Zip 06268	City Jamestown	State RI	Zip 02835
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			400	common	no share value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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.

FILED

David S. Martin
 Signature of Authorized Representative

01/13/2015

Date

David S. Martin

Print or Type Name of Authorized Representative

JAN 16 2015

BY

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