



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. 000961431		2. Exact name of the Corporation Farmer Willie's			
3. Principal office address 27 Young Orchard Avenue		City Providence		State RI	Zip 02906
4. Business Phone No. (401) 441-2997		5. State of Incorporation Delaware			
6. Brief description of the character of business conducted in Rhode Island To produce, distribute, and sell beverages, including those with an alcoholic content, and to carry on any and all business and to engage in any lawful act or activity permitted by the Rhode Island Business Corporation Act					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Max Easton			Vice-President Name Juan Nicolas Enriquez		
Street Address 27 Young Orchard Avenue			Street Address 102 Highland Street		
City Providence	State RI	Zip 02906	City Newton	State MA	Zip 02465-2405
Secretary Name Max Easton			Treasurer Name Juan Nicolas Enriquez		
Street Address 27 Young Orchard Avenue			Street Address 102 Highland Street		
City Providence	State RI	Zip 02906	City Newton	State MA	Zip 02465-2405
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Max Easton			Director Name Juan Nicolas Enriquez		
Street Address 27 Young Orchard Avenue			Street Address 102 Highland Street		
City Providence	State RI	Zip 02906	City Newton	State MA	Zip 02465-2405
Director Name William Fenichel			Director Name		
Street Address 2 Marian Lane, PO Box 459			Street Address		
City Truro	State MA	Zip 02666	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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
			10,000,000	Common	\$0.0001

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

Form No. 630
Revised: 01/2012

MAR 02 2015

BY 1505

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.

02/25/2015

Signature of Authorized Representative

Date

Max Easton

Print or Type Name of Authorized Representative