

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.n.gov ~ Website: www.sos.n.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

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.

| 3. State of Formation Rhode Island 4. Brief description of the character of business conducted in Rhode Island real estate 5. Principal office address One North Main Road 6. MAILING ADDRESS OF LIMITED LIAS:LITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name David S. Martin Contact Title Manager Street Address One North Main Road 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) Manager Name Manager Name Street Address 5 Fairview Street City State Ri Zip O2835 City State Ri Zip Manager Name Street Address 5 Fairview Street City Manager Name Street Address 5 Fairview Street City State Ri Zip O2835 City State Zip Manager Name Street Address 5 Fairview Street City State Zip City State Zip Manager Name Street Address City State Zip City State Zip Manager Name Street Address City State Zip Manager Name | 1. Entity ID No. | 1 | 2. Exact name of the limited liability company Stearns Farms Realty LLC | | | | |
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| Rhode Island 5. Principal office address One North Main Road 5. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name David S. Martin Street Address One North Main Road 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBER: ("X" BOX FOR ATTACHMENT) Manager Name David S. Martin Street Address 5 Fairview Street City Jamestown Ri City State Ri City State Ri City State Ri City State Street Address Street Address Street Address 5 Fairview Street City State Ri City State Zip O2835 Manager Name Street Address 5 Fairview Street City State City State Zip Street Address City State Zip | 110269 | Steams | ranns neally LL | | | | |
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| City State Zip City State Zip 8. RESIDENT AGENT IN RHODE ISLAND | Manager Name | | | Manager Name | | | |
| 8. RESIDENT AGENT IN RHODE ISLAND | Street Address | | | Street Address | | | |
| | City | State | Zip | City | State | Zip | |
| | 8. RESIDENT AGENT IN | RHODE ISLAND | | L | | | |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642. | | | Office of the Secret | ary of State. Changes require f | iling Form 642. | | |

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| File Date | Under penalty of perjupy, 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 | Darre Maitz 9/26/15 | | |
| By: | Signature of Authorized Person Date | | |
| OR SECRETARY OF STATE USE ONLY | David S. Martin | | |
| ON SCONETANT OF STATE USE ONLY | Print or Type Name of Authorized Person | | |

Form No. 632 Revised: 01/2012