

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 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.

790339	Chestn	ame of the limited li ut Farm, LLC	,pany			
3. State of Formation Rhode Island	rarm/ag	Brief description of the character of business conducted in Rhode Island farm/agricultural				
5. Principal office address 567 South County Trail, Suite 111 6. CAILING ADDRESS CF. LINE D. LIABILITY GOMPANY AND Contact Name Robert Marcello Street Address			City Exeter	State RI	Zip 02822	
			Contact Title Member			
567 South County Trail, Suite 111			City Exeter	State RI	Zip 02822	
STORES ENTAC	(NAMES AND AD IMENT) ☐	ORESSES) OF THE	LIMITED LIABILITY COMPAN	Y, IF APPLICABLE - DO	NOT LIST MEMBER	
anager Name			Manager Name			
treet Address			Street Address			
ty	State	Zip	City	State	Zip	
anager Name			Manager Name			
eet Address	-		Street Address			
y	State	Zip	City	State	Zip	
RESIDENT AGENT IN RI	COE SLAND					
nis information is current	lly of record in the	Office of the Secr	etary of State. Changes requir	e filing Form 642.		

SEP 3 0 2015

Form No. 632 Revised: 01/2012 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.

09/28/2015

Signature of Authorized Person

Date

Robert Marcello

Print or Type Name of Authorized Person