



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

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Limited Liability Company
Annual Report

Filing Period: September 1 - November 1



[? Help with this form](#)

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: <input type="text" value="2015"/>	
1. ID No. <input type="text" value="000899618"/>	
2. Exact Name of the Limited Liability Company <input type="text" value="Trough and Tractor Enterprises, LLC"/>	
3. State of Formation State: <input type="text" value="RI"/>	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island <input type="text" value="operation of food truck and land clearing services"/>	
FILED OCT 07 2015 BY <u>335</u>	
5. Principal Office Address No. and Street: <input type="text" value="PO Box 271"/> City or Town: <input type="text" value="Block Island"/>	State: <input type="text" value="RI"/> Zip: <input type="text" value="02807"/> Country: <input type="text" value="USA"/>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <input type="text" value="Gene Hall"/> Contact Title: <input type="text" value="member"/> No. and Street: <input type="text" value="911 Coast Guard Rd"/> <input type="text" value="PO Box 1121"/> City or Town: <input type="text" value="Block Island"/>	
State: <input type="text" value="RI"/> Zip: <input type="text" value="02807"/> Country: <input type="text" value="USA"/>	
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	

First Name: Middle Name: Last Name: Suffix:
 Address: City: State: Zip: Country:

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

GENE HALL 911 COAST GUARD ROAD BLOCK ISLAND , RI 02807

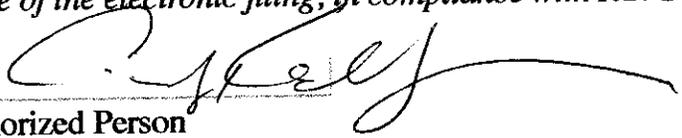
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name:
 Business Name:
 No. and Street:
 City or Town: State: Zip: Country:
 Contact Phone: ext:
 Contact Email:

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 14 Day of September, 2015 at 9:10:06 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By 
Signature of Authorized Person

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-16. You hereby agree that any legal issues or causes of action arising from the

Accept Decline

[Click HERE to Submit This Information](#)

Form No. 632
Revised 09/07

FILED

OCT 07 2015
BY CK 335 ED 899618 ?