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

| LOGOUT |

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: 2015

1. ID No. 000899618

2. Exact Name of the Limited Liability Company Trough and Tractor Enterprises, LLC

3. State of Formation

State: RI

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

operation of food truck and land clearing services

FILED
OCT 07 2015
BY 335

5. Principal Office Address

No. and Street: PO Box 271

City or Town: Block Island State: RI Zip: 02807 Country: ~~Unit~~ USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Gene Hall Contact Title: member

No. and Street: 911 Coast Guard Rd
PO Box 1121

City or Town: Block Island State: RI Zip: 02807 Country: 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:

Clear | Add

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: Cindy Kelly
Business Name: Pots and Kettles
No. and Street: PO Box 271
911 Coast Guard Rd
City or Town: Block Island
Contact Phone: 4014665694 ext:
Contact Email: cindykelly1@verizon.net

- Same Address as -

State: RI Zip: 02807 Country: ~~Unit~~ USA

Clear

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 Cindy Kelly
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

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