



**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.**

1. Entity ID No. <u>293294</u>		2. Exact name of the limited liability company <u>Coletti Farm Enterprises LLC</u>			
3. State of Formation <u>R.I.</u>		4. Brief description of the character of business conducted in Rhode Island <u>Acquisition, development, management of agricultural and other real estate, etc.</u>			
5. Principal office address <u>77 Verdi St.</u>		City <u>No. Providence</u>	State <u>R.I.</u>	Zip <u>02904</u>	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>					
Contact Name <u>Michael J. Coletti</u>		Contact Title <u>Manager</u>			
Street Address <u>77 Verdi St.</u>		City <u>No. Providence</u>	State <u>R.I.</u>	Zip <u>02904</u>	
<b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT)</b>					
Manager Name <u>Michael J. Coletti</u>		Manager Name			
Street Address <u>77 Verdi St.</u>		Street Address			
City <u>No. Providence</u>	State <u>R.I.</u>	Zip <u>02904</u>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
<b>8. RESIDENT AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED**

**OCT 15 2015**

BY 0397599

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

**FOR SECRETARY OF STATE USE ONLY**

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.

Michael J. Coletti 10/11/15  
Signature of Authorized Person Date

Michael J. Coletti  
Print or Type Name of Authorized Person