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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.	2. Exact name of the limited liability company		
156884	Scary Acres, LLC		
3. State of Formation	**4. Brief description of the character of business conducted in Rhode Island**		
Rhode Island	To operate agricultural entertainment business.		
5. Principal office address	**City**	**State**	**Zip**
2150 Scituate Avenue	Hope	RI	02831
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name	**Contact Title**		
Vincent J. Confreda	Manager		
Street Address	**City**	**State**	**Zip**
2150 Scituate Avenue	Hope	RI	02831

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
Vincent J. Confreda	2150 Scituate Avenue	Hope	RI	02831

Manager Name	Street Address	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.

FILED
OCT 19 2015
BY 13401

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.

Vincent J. Confreda 9-24-15
Signature of Authorized Person **Date**

Vincent J. Confreda, Manager
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012

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