

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

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3015

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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 na	2. Exact name of the limited liability company				
			· · · · · · · · · · · · · · · · · · ·			
1024160		ttle Kive	er farm LLC	_		
3. State of Formation	Brief des	scription of the chara	cter of business conducted in Rho	ode Island		
RI	Aq.	riculture -	Mixed Vegetab	le5		
5. Principal office address			City	State	Zip	
8 Pirecrest 2	<u>-</u> &		Carolina	121	0 5815	
6. MAILING ADDRESS OF LI	MITED LIABILI	TY COMPANY AND	NAME OR THE ELOP CONTACT	PERSON:		
Contact Name		•	Contact Title			
Camille Abdel-Nabi			Owner /Mei	Owner / Member City Value f. e.i.d State R1 02879		
Street Address			City	State	Zip	
16 Amos St			Wakefield	. R1	02879	
7. LIST ALL MANAGERS (NA ("X" BOX FOR ATTACHME	MES AND ADI NT) [DRESSES) OF THE	LIMITED LIABILITY COMPANY,	FAPRLICABLE DO	NOT: EIST MEMBERS	
Manager Name		<u> </u>	Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name		4	Manager Name	Manager Name		
Street Address						
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
		'			- 3P	
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.						
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FILED

NOV 1 6 2015

File Date	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.
	(ac 6-1/ei 1/11/15
A Company of the Comp	Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY	Camille Abdel - Nati
	Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012