



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2016**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000116103		2. Exact name of the Corporation LIMEROCK PLANT FARM, INC.					
3. Principal office address 48 HARRIS AVENUE				City LINCOLN	State RI	Zip 02865	
4. Business Phone No. 401.728.2844				5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island BREEDER OF PERENNIAL PLANTS FOR WHOLESALE AND RETAIL SALES							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name MARIO J FARIA				Vice-President Name MARY ANN FARIA			
Street Address 48 HARRIS AVENUE				Street Address 48 HARRIS AVENUE			
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865		
Secretary Name MARY ANN FARIA				Treasurer Name MARIO J FARIA			
Street Address				Street Address			
City	State	Zip	City	State	Zip		
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name MARIO J FARIA				Director Name			
Street Address				Street Address			
City	State	Zip	City	State	Zip		
Director Name				Director Name			
Street Address				Street Address			
City	State	Zip	City	State	Zip		
9. SHARES AUTHORIZED				10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
				600	COMMON	NPV	

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
 JAN 11 2016
 5160

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.

Mario J Faria 11/7/16
 Signature of Authorized Representative Date

MARIO J FARIA

Print or Type Name of Authorized Representative