

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.<br><b>530295</b>   |       | 2. Exact name of the limited liability company<br>FORD FARM LANDING LLC  |             |              |     |
| 3. State of Formation<br>RHODE ISLAND   |       | 4. Brief description of the character of business conducted in Rhode Island<br>LAND HELD FOR INVESTMENT AND OR DEVELOPMENT |             |              |     |
| 5. Principal office address<br>23 LAST STREET   |       | City<br>TIVERTON   | State<br>RI | Zip<br>02878 |     |
| <b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>   |       |  |             |              |     |
| Contact Name<br>DAVID FERREIRA  |       | Contact Title<br>MEMBER  |             |              |     |
| Street Address<br>23 LAST STREET  |       | City<br>TIVERTON   | State<br>RI | Zip<br>02878 |     |
| <b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (X) BOX FOR ATTACHMENT</b> <input type="checkbox"/> |       |  |             |              |     |
| Manager Name  |       | Manager Name   |             |              |     |
| Street Address  |       | Street Address   |             |              |     |
| City  | State | Zip  | 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** ✓

MAR 22 2016

BY DAVID FERREIRA 270595

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 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.

DAVID FERREIRA 3/15/2016  
 Signature of Authorized Person Date

DAVID FERREIRA  
 Print or Type Name of Authorized Person