Si Si	ate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
Division Of Business Services 148 W. River Street Providence RI 02904-2615			
HOPE	(401) 222-3040		
Limited Liability Company			
Annual Report Filing Period: September 1 - November 1			
		nany failing or refusing	
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2015			
1. ID No. 000686079			
2. Exact Name of the Limited Liability Company <u>JODI TREE LLC</u>			
3. State of Formation			
State: <u>RI</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
FARM - ornamental and composting. Apiary, honey bees			
5. Principal Office Addres	ŝS		
No. and Street: 21 NARRAGANSETT TRAIL			
		tate: <u>RI</u> Zip: <u>02813</u> Court	ntry: <u>USA</u>
6. Mailing Address of Lin	nited Liability Company and Name	or Title of Contact Person:	
Contact Name: DIANE F	EOLE Contact Title:		
No. and Street: <u>21 DONNA COURT</u>			
City or Town: WA	<u>KEFIELD</u> State: <u>R</u>	<u>I</u> Zip: <u>02879</u> Countr	ry: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip C	Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11			
DIANE FEOLE 21 DONNA COURT WAKEFIELD , RI 02879			
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).			
9. This report must be ex	ecuted by an authorized person p	ursuant to K.I.G.L. /-16-66 (b)	

Signed this 22 Day of April, 2016 at 2:49:50 PM by the authorized person. This electronic

signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By <u>DIANE FEOLE</u> Signature of Authorized Person

Form No. 632 Revised 09/07

 $\ensuremath{\textcircled{\sc 0}}$ 2007 - 2016 State of Rhode Island and Providence Plantations All Rights Reserved