

State of Rhode Island and Providence Plantations Department of State - Business Services Division

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 Compa Filing period: September 1 - N Filing Fee: \$50.00 *FAILURE	lovember 1	-	- <u>- 281J</u>	- LT IN A \$25.00 P	ENALTY FEE.
1. Entity ID Number	2. Exact name of the Limited Liability Company				
000945645	BEHAN FAMILY FARMS, LLC				
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island				
RHOR ISLAND GROWER CHSTERS AND SELEN TO CESTAURANT					
5. Principal Office Address			City	State	Zip
59 Maxson Here RB			ASHAWAY	RI	07891
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name MATTHEW J. BEHAU			Contact Title OWNER		
Street Address S9 Maxson HILL RD			City ACHAWAY		zip 2 8 dY
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
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
			Check t	l he box to indicate a	In attachment
8. Resident Agent in Rhode Island This information is currently of record in the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person Date 4/22/16					
Signature of Authorized Person					
FILED					
APR 2 8 2016 BY					

Form No. 632 Revised: 2016