State of Rhode Island and Providence Plantations  Department of State - Business Services Division	
Annual Report for the year: 2016 Limited Liability Company	
→ Filing period: September 1 - November 1	
→ Filing Fee: \$50.00	
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.	

1. Entity ID Number <b>97088</b>	i	Exact name of the Limited Liability Company     Greenview Farm, LLC					
3. State of Formation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Organic F	Organic Farming					
				· · · · · <b>·   - · ·</b>	<u>,</u>		
5. Principal Office Address			City	State	Zip		
900 Tuckertown Road			Wakefield	RI	02879		
6. Mailing Address of Limit	ed Liability Compar	ny and Name or Tit	tle of Contact Person	•			
Contact Name Craig N. Totten		Contact Title Manager					
Street Address 900 Tuckertown Road		<sup>City</sup> Wakefield	State RI	<sup>Zip</sup> 02879			
		of the Limited Lia	bility Company, IF APPLICA	BLE - DO NOT LIST I	MEMBERS		
Manager Name Craig N. Totten		Manager Name					
Street Address 900 Tuckertown Road			Street Address				
City Wakefield	State RI	Zip <b>02879</b>	City	State	Zip		
Manager Name		Manager Name					
Street Address			Street Address				
City	State	Zip	City	State	Zip		
				Check the box to it	ndicate an attachment		
8. Resident Agent in Rhode	Island. This informa	tion is currently of re	cord in the Department of State	e. Changes require filing	Form 642.		
Under penalty of perjury, statements, and that all s	l declare and affir tatements contain	m that I have exa ed herein are tru	mined this report, includir e and correct.	ng any accompanyin	g schedules and		
Name of Authorized Person Craia Totten				8.21.16			
Signature of Authorized Per	rson //	SIGNIDO	OCUMENT HERE	•			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

**Phone:** (401) 222-3040 **Website:** www.sos.ri.gov

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