	State of Rhode Island and Providence Plantation Office of the Secretary of State	ONS Fee: \$50
	Division Of Business Services	
	148 W. River Street	
	Providence RI 02904-2615 (401) 222-3040	
HOPE	(401) 222-3040	
imited Liability Co	ompany	
Annual Report Filing Period: September	r 1 - November 1	
		-
	S.L. 7-16-66(d), each limited liability company failing or refusing ithin thirty (30) days after the time prescribed by law (R.I.G.L.	
6-66(b&c)) is subject to	a penalty fee of \$25.00.	
ANNUAL REPORT YEA	R : <u>2016</u>	
1. ID No. <u>0006387</u>	770	
2. Exact Name of the	Limited Liability Company IDLE HOUR FARMS, LLC	
3. State of Formation		
State: <u>SC</u>		
	ARTICLE III	
Using the following NAI	ARTICLE III CS codes, please select the code that best describes your bu	isiness.
Using the following NAI	CS codes, please select the code that best describes your bu	7
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NAICS Code	CS codes, please select the code that best describes your bu	<u>11</u>
NAICS Code	CS codes, please select the code that best describes your bu	<u>11</u>
NAICS Code	CS codes, please select the code that best describes your bu	<u>11</u>
NAICS Code 4. Brief Description of	CS codes, please select the code that best describes your bu	<u>11</u>
NAICS Code 4. Brief Description of <u>CLERICAL / HORSE</u> 5. Principal Office Add	CS codes, please select the code that best describes your bu	<u>11</u>
NAICS Code 4. Brief Description of CLERICAL / HORSE 5. Principal Office Add No. and Street: 36	CS codes, please select the code that best describes your bu	ted in Rhode Island
NAICS Code 4. Brief Description of CLERICAL / HORSE 5. Principal Office Add No. and Street: 36 City or Town: <u>M1</u>	CS codes, please select the code that best describes your bu the Character of the Business Which is Actually Conduc <u>CS / HAY</u> dress <u>66 PARADISE AVENUE</u> <u>IDDLETOWN</u> State: <u>RI</u> zip: <u>02842</u>	2 Country: <u>USA</u>
NAICS Code 4. Brief Description of CLERICAL / HORSE 5. Principal Office Add No. and Street: 36 City or Town: <u>M1</u>	CS codes, please select the code that best describes your bu	2 Country: <u>USA</u>
NAICS Code 4. Brief Description of CLERICAL / HORSE 5. Principal Office Add No. and Street: 36 City or Town: MI 6. Mailing Address of Contact Name: ALICE	CS codes, please select the code that best describes your bu the Character of the Business Which is Actually Conduct CS / HAY dress 66 PARADISE AVENUE IDDLETOWN State: RI Zip: 02842 Limited Liability Company and Name or Title of Contact E D GLISSON Contact Title: MANAGER	2 Country: <u>USA</u>
NAICS Code 4. Brief Description of CLERICAL / HORSE 5. Principal Office Add No. and Street: 36 City or Town: MI 6. Mailing Address of Contact Name: ALICE No. and Street: 1	CS codes, please select the code that best describes your bu the Character of the Business Which is Actually Conduct <u>S / HAY</u> dress <u>66 PARADISE AVENUE</u> <u>IDDLETOWN</u> State: <u>RI</u> Zip: <u>02842</u> Limited Liability Company and Name or Title of Contact <u>E D GLISSON</u> Contact Title: <u>MANAGER</u> <u>PO BOX 849</u>	2 Country: USA Person:
NAICS Code 4. Brief Description of CLERICAL / HORSE 5. Principal Office Add No. and Street: 36 City or Town: MI 6. Mailing Address of Contact Name: ALICE No. and Street: 1	CS codes, please select the code that best describes your bu the Character of the Business Which is Actually Conduct CS / HAY dress 66 PARADISE AVENUE IDDLETOWN State: RI Zip: 02842 Limited Liability Company and Name or Title of Contact E D GLISSON Contact Title: MANAGER	2 Country: <u>USA</u>
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NAICS Code 4. Brief Description of CLERICAL / HORSE 5. Principal Office Add No. and Street: 36 City or Town: MI 6. Mailing Address of Contact Name: ALICE No. and Street: 1 Contact Name: ALICE No. and Street: 1 Contact Name: ALICE No. and Street: 1 City or Town: 1 No. and Street: 1 City or Town: 1 Town: 1 No. and Street: 1 No. and Stree	CS codes, please select the code that best describes your bu	2 Country: USA Person: Country: USA

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

MARILLA VAN BEUREN 366 PARADISE AVENUE MIDDLETOWN, RI 02842

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 21 Day of September, 2016 at 1:33:24 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>ALICE D. GLISSON</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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