State of Knode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

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.

Entity ID Number	2. Exact name of the Limited Liability Company					
001024150	Little River Farm LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island Organic Vegetable Farm					
11 - Agriculture, Forestry, Fishi						
5. State of Formation	1					
RI						
6. Principal Office Address	<u> </u>	······································	City	State	Zip	
16 Amos St			Wakefield	RI	02879	
7. Mailing Address of Limited Lial	bility Compan	y and Name or Ti	tle of Contact Person			
Contact Name Camille Abdel-Nabi			Contact Title Owner			
Street Address 16 Arnos St			City Wakefield	State RI	^{Zip} 02879	
8. List ALL managers (names an	d addresses)	of the Limited Lia	bility Company, IF APPLICA	ABLE - DO NOT LIST I	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	
9 Resident Agent in Phodo Island	This is a second			Check the box to in	dicate an attachment	
9. Resident Agent in Rhode Island	. I his information	on is currently of rec	cord with the Department of Sta	ite. Changes require filing	Form 642.	
Under penalty of perjury, I decla statements, and that all stateme	nts containe	d herein are true	mined this report, includin and correct.	g any accompanying	schedules and	
lame of Authorized Person				Date	Date	
Camille Abdel-Nabi				09/18/16		
Signature of Authorized Person	10	colore or a	gring 8 - 4 m of gring 1 mag - 1 g gard, was seen			
/ ou	<u></u>	Mr.	CUMENT 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

