	State of Rhode Island and Providence Plantations  Department of State - Business Services Division	
	Il Report for the year: 2016	
Limite	d Liability Company	
	ng 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

2. Exact name of the Limited Liability Company.

1. Entity ID Number 535093	2. Exact name of the Limited Liability Company PAPARO FARRIER SERVICE, LLC						
3. NAICS Code 11 - Agriculture, Forestry, Fi  5. State of Formation  RI	Ilture, Forestry, Fi						
6. Principal Office Address 55 ELBOW ROCK ROAD			City CHEPACHET	State <b>RI</b>	Zip <b>02814</b>		
7. Mailing Address of Limited Lial		any and Name or					
Contact Name MICHAEL PAPARO		· <u></u>	Contact Title MEMBER	Contact Title MEMBER			
Street Address 55 ELBOW ROCK ROAD			City CHEPACHET	State RI	<sup>Zip</sup> 02814		
	id addresser	s) of the Limited	Liability Company, IF APPLICABL	LE - DO NOT LIST	MEMBERS		
Manager Name				Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name		L	Manager Name	Manager Name			
Street Address			Street Address				
City	State	Zip	City	State	Zip		
				Check the box to i	ndicate an attachment		
9. Resident Agent in Rhode Island	J. This inform	nation is currently c	of record with the Department of State	e. Changes require filin	ng Form 642.		
Under penalty of perjury, I decide statements, and that all statements.	are and affi	irm that I have e	examined this report, including	any accompanyin	g schedules and		
Name of Authorized Person				Date /	1		
MICHAEL PAPARO - MEMBER				Date 16/3	116		
Signature of Authorized Person	4		TOCUMENTECRE				

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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FORM 632 - Revised: 08/2016