| State of Rhode Island and Provide Department of State - E    | dence Plantations  Business Services Division |  |
|--|---|--|
| Annual Report for the year:                                  | 2016  |  |
| → Filing period: September 1 - Nove<br>→ Filing Fee: \$50.00 | ember 1                                       |  |

| → Penalty: Additional \$2                | 25.00 fee if form | is not filed by D   | December 1.  |                      |                        |  |  |
|--|-------------------|---|--|----------------------|------------------------|--|--|
| 1. Entity ID Number 937907               |                   | Exact name of the Limited Liability Company     Wallace Farm, LLC           |  |                      |                        |  |  |
| 3. NAICS Code                            | 4. Brief de       | 4. Brief description of the character of business conducted in Rhode Island |  |                      |                        |  |  |
| 44-45 - Retail Trade                     | Purchase          | Purchase and Sale of Specialized Fertilizer                                 |  |                      |                        |  |  |
| 5. State of Formation RI                 |                   |   |  |                      |                        |  |  |
| 6. Principal Office Address              |                   |   | City   | State                | Zip                    |  |  |
| 860 Plainfield Pike                      |                   |   | Greene   | RI                   | 02827                  |  |  |
| 7. Mailing Address of Limite             |                   | any and Name o  |  |                      |                        |  |  |
| Contact Name Ronald Wallace              |                   |   | Contact Title Member                               | Contact Title Member |                        |  |  |
| Street Address 860 Plainfield Pike       |                   |   | City Greene  | State RI             | <sup>Zip</sup> 02827   |  |  |
| 8. List ALL managers (name               | es and addresse   | s) of the Limited   | Liability Company, IF APPLIC                       | ABLE - DO NOT LIST   | MEMBERS                |  |  |
| Manager Name                             |                   |   | Manager Name                                       |                      |                        |  |  |
| Street Address                           |                   |   | Street Address                                     | Street Address       |                        |  |  |
| City                                     | State             | Zip   | City   | State                | Zip                    |  |  |
| Manager Name                             |                   |   | Manager Name                                       | Manager Name         |                        |  |  |
| Street Address                           |                   |   | Street Address                                     | Street Address       |                        |  |  |
| City                                     | State             | Zip   | City   | State                | Zip                    |  |  |
|  |                   |   |  |                      | indicate an attachment |  |  |
|  |                   |   | of record with the Department of S                 |                      |                        |  |  |
| statements, and that all sta             | tatements contai  | irm that I have ined herein are   | examined this report, includi<br>true and correct. | ing any accompanying | g schedules and        |  |  |
| Name of Authorized Person Ronald Wallace | ale F W           | 1-00.   |  | Date 91 29 1 16      |                        |  |  |
| Signature of Authorized Pers             |                   | recei-  |  |                      | 1/16                   |  |  |
| O'gramio or representation . C.C         | 3011              | SIGN '  | DOCUMENT 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 FILED

OCT 18 2016