State of Rhode Island and Providence Plantations For Office of the Secretary of State			
Division Of Business Services			
148 W. River Street			
Providence RI 02904-2615			
(401) 222-3040			
Limited Liability Company			
Annual Report			
Filing Period: September 1 - November 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing			
to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-			
16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2016			
1. ID No. <u>000796519</u>			
2. Exact Name of the Limited Liability Company Comet Farms, LLC			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Using the following NAICS codes, please select the code that best describes your business.			
NAICS Code 6 81			
		0	<u>81</u>
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
TO ACQUIRE REAL PROPERTY AND ANY INTEREST THEREIN, TO MANAGE, DEVELOP,			
TRANSFER OR SELL SAME			
5. Principal Office Address			
	VILD GOOSE LANE		
City or Town: <u>NAR</u>	<u>RAGANSETT</u> Stat	e: <u>RI</u> Zip: <u>02882</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact Title:			
No. and Street: <u>29 WILD GOOSE LANE</u>			
City or Town: <u>NAR</u>	RAGANSETT State	e: <u>RI</u> Zip: <u>02882</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Nama	و الم ۵	
Title	Individual Name First, Middle, Last, Suffix	Addr Address, City or Town, St	

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

LAWRENCE T. CARLSON 29 WILD GOOSE LANE NARRAGANSETT, RI 02882

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

## Signed this 1 Day of November, 2016 at 3:17:07 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 LAWRENCE T. CARLSON

Signature of Authorized Person

Form No. 632 Revised 09/07

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