FILED



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: Www.sos.ri

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 · This report must be typed or printed legibly.

	FAILURE TO FI	LE THIS REPORT BY N	AARCH 31 WILL RES	ULT IN A \$25.00 PEN	ALTY FEE.	
1. Entity ID No.		2. Exact name of the Corporation				
10307	Tibbits	Tibbits Farm, Inc.				
3. Principal office address 60 South County Commons Way, Suite G4		City Wakefield	State	Zip 02879		
4. Business Phone No. 401-788-9080			5. State of Incorporation Rhode Island			
6. Brief description of the ch To conduct and car		s conducted in Rhode Islan ness of general cont		rs		
7. Listall officers (n	AMES AND ADDR	ESSES) (OXTBOX FOR A	TTACHMENT)			
President Name Elanor Tibbits			Vice-President Name			
Street Address 65 Liberty Lane	-		Street Address			
City West Kingston	State RI	Zip 02892	City	State	Zip	
Secretary Name James V. Aukerman			Treasurer Name Elanor Tibbits			
Street Address 60 South County Commons Way, Suite G4			Street Address 65 Liberty Lane			
City Wakefield	State RI	Zip 02879	City West Kingston	State Ri	Zip 02892	
B. LIST ALL DIRECTORS	NAMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)		and the contract of the same	
Director Name Elanor Tibbits			Director Name JAMES V. AUKERMAN			
Street Address 65 Liberty Lane			Straat Addrage	1 COUNTY COMMO		
City West Kingston	State RI	Zip 02892	City WAKFIEL	D State	Zip 02279-2299	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
. SHARES AUTHORIZED			10. SHARES ISSUED	("X" BOX FOR ATTACH	MENT)	
194 - 194 -	- And Daniel Mention Mention Mention	N 2 SERVICE STATE OF THE SERVI	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filling. See Section 9 of instruction sheet.		100	Common	No Par		
This report must be execute		corporation by an authorize at be executed on behalf of			of a receiver or trustee,	
The state of the s		22 2.100diod on borian or		rjury, I declare and affire	n that I have examined	

File Date	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.		
Check No	Examor Jokak	1.17-1	
	⁽ Signature of Authorized Representative	Date	
FOR SECRETARY OF STATE USE ONLY	Elanor Tibbits		

Form No. 630 Revised: 01/2012 Print or Type Name of Authorized Representative

/ - / 7 – / 7 Date