



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 509853		2. Exact name of the Corporation ROCKLAND FARM, INC.									
3. Principal Office Address 144 Touisset Road				City Warren		State RI		Zip 02885			
4. NAICS Code 11 - Agriculture, Forestry, Fishi		6. Brief description of the character of business conducted in Rhode Island To Engage in the Business of Agriculture and Any Other Law Business									
5. State of Incorporation Rhode Island											
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
President Name Joseph R. Rodrigues				Vice-President Name Michael Joseph Rodrigues							
Street Address 144 Touisset Road				Street Address 150 Touisset Road							
City Warren		State RI		Zip 02885		City Warren		State RI		Zip 02885	
Secretary Name Joseph R. Rodrigues				Treasurer Name Joseph R. Rodrigues							
Street Address 144 Touisset Road				Street Address 144 Touisset Road							
City Warren		State RI		Zip 02885		City Warren		State RI		Zip 02885	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
Director Name				Director Name							
Street Address				Street Address							
City		State		Zip		City		State		Zip	
Director Name				Director Name							
Street Address				Street Address							
City		State		Zip		City		State		Zip	
9. Shares Authorized				10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>							
This information is currently of record in the Department of State. Changes require an additional filing.				NUMBER OF SHARES		CLASS/SERIES		PAR VALUE			
				1,000		Common		No Par Value			
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.											
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.											
Name of Authorized Representative Joseph R. Rodrigues <i>Joseph R. Rodrigues</i>								Date 1-18-17			
Signature of Authorized Representative											

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

BY *[Signature]*

JAN 23 2017

FORM 630 - Revised: 10/2016