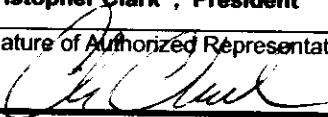




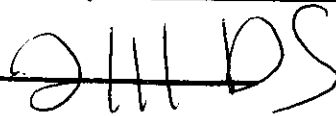
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 799159		2. Exact name of the Corporation LIGHTNING RIDGE FARM, INC.			
3. Principal Office Address 519C Putnam Pike			City Chepachet	State RI	Zip 02814
4. NAICS Code 53 - Real Estate and Rental <input type="checkbox"/>		6. Brief description of the character of business conducted in Rhode Island real estate development, and agricultural products, retail sales, farming			
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 Christopher Clark			Vice-President Name n/a		
Street Address 519C Putnam Pike			Street Address		
City Chepachet	State RI	Zip 02814	City	State	Zip
Secretary Name Christopher Clark			Treasurer Name Christopher Clark		
Street Address 519C Putnam Pike			Street Address 519C Putnam Pike		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
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
			51	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. <i>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.</i>					
Name of Authorized Representative Christopher Clark, President					Date 2/14/17
Signature of Authorized Representative 					

FILED
FEB 17 2017

BY 

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