RI SOS Filing Number: 201734923120 Date: 2/24/2017 4:00:00 PM

State of Rhode Island Department o			Division				
Annual Report for th Corporation							
→ Filing period: January → Filing Fee: \$50.00 → Penalty: Additional \$25		not filed by April 1.					
1. Entity ID Number 107228		me of the Corporati ΓRO FARMS, INC			· · · · · · · · · · · · · · · · · · ·		
3. Principal Office Address 2348 East Main Road			City Portsm	outh	State R	I Zip 02871	
4. NAICS Code 11	6. Brief des	Brief description of the character of business conducted in Rhode Island					
5. State of Incorporation RI	FARMIN	IING OPERATIONS					
7, List ALL officers (names ar	nd addresses)			Check th	ne box to inc	dicate an attachment L	
President Name Stephen E. Decastro				Vice-President Name Richard Decastro			
Street Address 2348 East Main Road				Street Address 2348 East Main Road			
City Portsmouth	State RI	Zip 02871	City	City		^{Zip} 02871	
ecretary Name			Treasurer Na	Treasurer Name			
Stephen E. Decastro Street Address 2348 East Main Road	Street Addres	Richard Decastro Street Address 2348 East Main Road					
City Portsmouth	State RI	Zip 02871	City Portsmouth		State RI	^{Zip} 02871	
8. List ALL directors (names a	лd addresses)			Check th	e box to inc	licate an attachment	
Director Name n/a		-	Director Name				
treet Address			Street Addres	Street Address			
City	State	Zip	City	· · · · · · · · · · · · · · · · · · ·	State	Zip	
Director Name			Director Name	Director Name			
Street Address	Street Address	Street Address					
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Iss		Check the box to indicate an attachment			
his information is currently of record in the Department of State.		1,000	F SHARES	common #		PAR VALUE	
Changes require an additional f	iling.					4r 1·w	
11. This report must be execut rustee, this report must be executed the second	ecuted on behalf o	f the corporation by	the receiver or tr	ustee,			
statements, and that all state lame of Authorized Represen	eu triis report, li id correct.	this report, including any accomportect.					
STEPHEN E. DECAST		2/15 /2017					
Signature of Authorized Repre-	sentative		JUMENT HE				
Stephe Dount	<u>~</u>	WICH OLY.	EH CF	N.C.			
AIL TO: ivision of Business Services			LIFER	,			

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov

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FORM 630 - Revised: 10/2016