

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 <u>1618204</u>		2. Exact name of the Corporation KLOTER FARMS, INC.			
3. Principal Office Address 216 WEST ROAD <u>(321992)</u>			City ELLINGTON	State CT	Zip 06029
4. Business Phone Number 860-871-1048			5. State of Incorporation CT		
6. Brief description of the character of business conducted in Rhode Island STORAGE BUILDINGS					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					
President Name <u>Peter Welti</u>			Vice President Name <u>David Schneider</u>		
Street Address <u>216 West Rd</u>			Street Address <u>216 West Rd</u>		
City <u>Ellington</u>	State <u>CT</u>	Zip <u>06029</u>	City <u>Ellington</u>	State <u>CT</u>	Zip <u>06029</u>
Secretary Name <u>Jason Kloter</u>			Treasurer Name		
Street Address <u>216 West Rd</u>			Street Address		
City <u>Ellington</u>	State <u>CT</u>	Zip <u>06029</u>	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment</span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			5000		COMMON
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.					
<b>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.</b>					
Name of Authorized Representative <u>Peter Welti</u>					Date <u>9/6/17</u>
Signature of Authorized Representative PETER WELTI					

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

**FILED**  
 SEP 13 2017  
 BY 112243  
002  
 FORM 630 - Revised: 05/2016