



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

**STAMP**

FOR  
 SECRETARY OF STATE  
 USE ONLY

Annual Report for the year: 2017  
**Limited Liability Company**

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

|   |       |   |                                |                             |     |
|---|-------|---|--------------------------------|-----------------------------|-----|
| 1. Entity ID Number<br><b>310865</b>  |       | 2. Exact name of the Limited Liability Company<br><b>John Eldred Farm II, LLC</b>                 |                                |                             |     |
| 3. NAICS Code<br>5. <b>531110</b>   |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real Estate</b> |                                |                             |     |
| 5. State of Formation<br><b>RHODE ISLAND</b>  |       |   |                                |                             |     |
| 6. Principal Office Address<br><b>41 Howland Avenue</b>   |       | City<br><b>Jamestown</b>  | State<br><b>RI</b>             | Zip<br><b>02835</b>         |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |   |                                |                             |     |
| Contact Name <b>Peter B. Ceppi</b>  |       |   | Contact Title <b>President</b> |                             |     |
| Street Address <b>41 Howland Avenue</b>   |       | City <b>Jamestown</b>   | State <b>RI</b>                | Zip <b>02835</b>            |     |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |       |   |                                |                             |     |
| Manager Name <b>None</b>  |       | Manager Name  |                                |                             |     |
| Street Address  |       | Street Address  |                                |                             |     |
| City  | State | Zip   | City                           | State                       | Zip |
| Manager Name  |       | Manager Name  |                                |                             |     |
| Street Address  |       | Street Address  |                                |                             |     |
| City  | State | Zip   | City                           | State                       | Zip |
| Check the box to indicate an attachment <input type="checkbox"/>  |       |   |                                |                             |     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.   |       |   |                                |                             |     |
| <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 Person<br><b>Peter B. Ceppi</b>  |       |   |                                | Date<br><b>15 SEPT 2017</b> |     |
| Signature of Authorized Person<br><i>Peter B. Ceppi</i>   |       | SIGN DOCUMENT HERE  |                                |                             |     |

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**  
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