RI SOS Filing Number: 201751124920 Date: 10/6/2017 4:00:00 PM

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

State of Rhode Island and Providence Plantations  Department of State - Business Services Division	
Annual Report for the year: 2017 Limited Liability Company	STAMP
→ Filing period: September 1 - November 1 → Filing Fee: \$50.00	

1 2 2 2 2		2. Exact name of the Limited Liability Company Foo Farm, LLC			
Rhode Island  6. Principal Office Address 168 Old Plainfield Pike  7. Mailing Address of Limited Liability Com Contact Name Jonathan V. Kalander  Street Address 931 Jefferson Boulevard, \$ 8. List ALL managers (names and address Manager Name  Street Address City State	Brief description of the character of business conducted in Rhode Island     Operation of boarding stable				
7. Mailing Address of Limited Liability Com Contact Name Jonathan V. Kalander Street Address 931 Jefferson Boulevard, \$ 8. List ALL managers (names and address Manager Name Street Address City State					
7. Mailing Address of Limited Liability Com Contact Name Jonathan V. Kalander Street Address 931 Jefferson Boulevard, \$ 8. List ALL managers (names and address Manager Name Street Address City State	•	City	State	Zip	
Contact Name Jonathan V. Kalander  Street Address 931 Jefferson Boulevard, \$ 8. List ALL managers (names and address Manager Name  Street Address  City State		Foster	RI	02825	
Street Address 931 Jefferson Boulevard, \$ 8. List ALL managers (names and address Manager Name  Street Address  City State	pany and Name or T	itle of Contact Person	,I,		
8. List ALL managers (names and address Manager Name  Street Address  City State		Contact Title Attorney	Contact Title Attorney		
Manager Name  Street Address  City State	Suite 2004	City Warwick	State RI	<sup>Zip</sup> 02888	
Street Address  City State	ses) of the Limited Li	ability Company, IF APPLICA	ABLE - DO NOT LIST	MEMBERS	
City State		Manager Name	Manager Name		
<u> </u>	· · · · · · · · · · · · · · · · · · ·	Street Address	Street Address		
Manager Name	Zip	City	State	Zip	
wanayer rame		Manager Name			
Street Address Street Address		Street Address			
City State	Zip	City	State	Zip	
			Check the box to i	ndicate an attachment	
9. Resident Agent in Rhode Island. This info	imation is currently of	record with the Department of S	tate. Changes require filir	ng Form 642.	
Under penalty of perjury, I declare and a statements, and that all statements con			ing any accompanyin	g schedules and	
Name of Authorized Person		<del></del>	Date	2/12/12	
Amy R. Bishop			19/20	1/2011	
Signature of Authorized Person	R. EX	SUMENT 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 OCT 0 6 2017