State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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	Exact name of the Limited Liability Company					
1658664	ygy Valley Farm, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
531390	Hold and manage farm land and building					
5. State of Formation	7					
RI						
6. Principal Office Address			City	State	Zip	
15 Broadcommon Road			Bristol	RI	02809	
7. Mailing Address of Limited Lia	ability Compa	ny and Name or 1			<u>-</u>	
Contact Name Robert W. Glanville, Trustee			Contact Title Member			
Street Address 45 Constitution Street			City Bristol	State RI	^{Zip} 02809	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name NONE			Manager Name NONE	Manager Name NONE		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name NONE			Manager Name NONE			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Check the box to indicate an atta						
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.						
Under penalty of perjury, I dec statements, and that all states				ling any accompanying	g schedules and	
Name of Authorized Person				Date	Date	
Robert W. Glanville, Trustee, Member						
Signature of Authorized Person 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

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