



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

Annual Report for the year: **2018**
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 102631 | | 2. Exact name of the Corporation A. TURF FARM, INC. | | | |
| 3. Principal Office Address 44 SANDY POND ROAD | | City HOPE VALLEY | | State RI | Zip 02832 |
| 4. NAICS Code 115210 | | 6. Brief description of the character of business conducted in Rhode Island TO OPERATE A TURF FARM, BUY, SELL SOD AND CARRY OUT ALL BUSINESS OPERATIONS. | | | |
| 5. State of Incorporation RHODE ISLAND | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name JONATHAN DRAKE | | | Vice-President Name OLIVIA M NORDWALL-DRAKE | | |
| Street Address 44 SANDY POND ROAD | | | Street Address 44 SANDY POND ROAD | | |
| City HOPE VALLEY | State RI | Zip 02832 | City HOPE VALLEY | State RI | Zip 02832 |
| Secretary Name JONATHAN DRAKE | | | Treasurer Name JONATHAN DRAKE | | |
| Street Address 44 SANDY POND ROAD | | | Street Address 44 SANDY POND ROAD | | |
| City HOPE VALLEY | State RI | Zip 02832 | City HOPE VALLEY | State RI | Zip 02832 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name NONE | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized | | | | | |
| 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| This information is currently of record in the Department of State. | | | | | |
| NUMBER OF SHARES | | CLASS/SERIES | | PAR VALUE | |
| 0 | | NONE | | NO PAR VALUE | |
| Changes require an additional filing. | | | | | |
| 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. | | | | | |
| 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. | | | | | |
| Name of Authorized Representative JONATHAN DRAKE | | | | | Date 1/12/2018 |
| Signature of Authorized Representative <i>Jonathan C. Drake</i> | | | | | |
| SIGN DOCUMENT HERE FILED | | | | | |

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

JAN 22 2018
BY 20921

FORM 630 - Revised: 10/2017