

2018 JAN 24 SEC ANTI: 143

Annual Report for the year: 2016 **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   | 2. Exact name of the Limited Liability Company                           |                 |                                |                  |                        |
|---|--|-----------------|--------------------------------|------------------|------------------------|
| 000788686   | Pierce Anthony Farm, LLC   |                 |                                |                  |                        |
| 3. NAICS Code   | Brief description of the character of business conducted in Rhode Island |                 |                                |                  |                        |
| 99999   |  |                 |                                |                  |                        |
| 5. State of Formation   | ]  |                 |                                |                  |                        |
| RI  | Farming State Zip  |                 |                                |                  |                        |
| 6. Principal Office Address   |  | 0               | City                           | State            | Zip                    |
| 2503 East Main Road   |  |                 | Portsmouth                     | RI               | 02871                  |
| 7. Mailing Address of Limited Lia   | bility Company   | y and Name or   |                                |                  |                        |
| Contact Name Daniel Keating   |  |                 | Contact Title MEMBER           |                  |                        |
| Street Address 2503 East Main Road  |  |                 | City Portsmouth                | State RI         | <sup>Zip</sup> 02871   |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                          |  |                 |                                |                  |                        |
| Manager Name  |  |                 | Manager Name                   |                  |                        |
| Street Address  |  |                 | Street Address                 |                  |                        |
| City  | State  | Zip             | City                           | State            | Zip                    |
| Manager Name  |  |                 | Manager Name                   |                  |                        |
| Street Address  |  |                 | Street Address                 |                  |                        |
| City  | State  | Zıp             | City                           | State            | Zıp                    |
|   | <u> </u>   |                 |                                | Check the box to | indicate an attachment |
| 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<br>statements, and that all stater  | lare and affir   | m that I have e | examined this report, includin |                  |                        |
| Name of Authorized Person Date  |  |                 |                                |                  |                        |
| Daniel Keating  |  |                 |                                | 1                | /18/18                 |
| 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 11:13 FILED
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BY 10322523

FORM 632 - Revised: 10/2017