



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.

FILED
 STAMP
 JAN 25 2018

BY

1. Entity ID Number 160999		2. Exact name of the Corporation Fogland Farm, Inc.			
3. Principal Office Address 958 Neck Rd.			City Tiverton	State RI	Zip 02878
4. NAICS Code 115210		6. Brief description of the character of business conducted in Rhode Island horse farm			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Martha Taradash			Vice-President Name None		
Street Address 958 Neck Rd.			Street Address		
City Tiverton	State RI	Zip 02878	City	State	Zip
Secretary Name Martha Taradash			Treasurer Name Martha Taradash		
Street Address 958 Neck Rd.			Street Address 958 Neck Rd.		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Martha Taradash			Director Name None		
Street Address 958 Neck Rd.			Street Address		
City Tiverton	State RI	Zip 02878	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE \$1 Par
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 Martha Taradash				Date 1/23/18	
Signature of Authorized Representative <i>Martha Taradash</i>				SIGN DOCUMENT HERE	