RI SOS Filing Number: 201857129180 Date: 1/29/2018 4:00:00 PM



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2018

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact name	e of the Corporation			
10307	Tibbits F	Farms, Inc.			
3. Principal office address 60 South County Commons Way, Suite G4			City Wakefield	State RI	Zip 02879
4. Business Phone No. 401-788-9080			5. State of Incorporation Rhode Island		
6. Brief description of the ch	aracter of business	conducted in Rhode Island	<u> </u>		
To conduct and care	ry on the busine	ess of general contra	actors and builders	238991	)
7. LIST <u>ALL</u> OFFICERS (N	AMES AND ADDRE	SSES) ("X" BOX FOR AT	TACHMENT)		
President Name Elanor Tibbits			Vice-President Name		
Street Address 65 Liberty Lane			Street Address		
City West Kingston	State RI	Zip <b>02892</b>	City	State	Zip
Secretary Name James V. Aukerman			Treasurer Name Elanor Tibbits		
Street Address 60 South County Commons Way, Suite G4			Street Address 65 Liberty Lane		
City Wakefield	State RI	Zip <b>02879</b>	City West Kingston	State <b>RI</b>	Zip 02892
8. LIST <u>ALL</u> DIRECTORS (	NAMES AND ADDR	RESSES) ("X" BOX FOR A	TTACHMENT)		
Director Name Elanor Tibbits			Director Name James V.Aukerman		
Street Address 65 Liberty Lane			Street Address 60 South County Commons Way, Suite G4		
City West Kingston	State RI	Zip 02892	City Wakefield	State RI	Zip 02879
Director Name		-	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED	ı		10. SHARES ISSUED (	"X" BOX FOR ATTACH	IMENT)
This Information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No Par
This report must be execut					of a receiver or trustee,
<del>,</del>	tnis report must	l be executed on behalf of t	•		m that I have examined
File Date			this report, including		hedules and statements,
Check No		FILED	Elanor	Silshits	1/24/2018
By:	i	, ,	Signature of Authorize	d Representative	Date
FOR SECRETARY OF STATE USE ONLY JAN 29 2018			Elanor Tibbits Print or Type Name of Authorized Representative		
Form No. 630 Revised: 01/2012		7010	· C	manymed richiascilla	
ncviscu. V1/2012		BY	<u></u>		