



State of Rhode Island and Providence Plantations

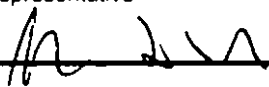
Department of State - Business Services Division

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 106652		2. Exact name of the Corporation NEW DEAL FARM OF EXETER, INC.										
3. Principal Office Address 2415 TOWER HILL ROAD		City SAUNDERSTOWN	State RI									
		Zip 02874										
4. NAICS Code 115210	6. Brief description of the character of business conducted in Rhode Island TO PROVIDE HORSE-DRAWN RIDES AND THE PURCHASE, RAISING AND SALE OF HORSES AND OTHER LIVESTOCK.											
5. State of Incorporation RHODE ISLAND												
7. List ALL officers (names and addresses) Check the box to indicate an attachment! ☐												
President Name JOHN D. KLIEVER		Vice-President Name JULIA F. KLIEVER										
Street Address 2415 TOWER HILL ROAD		Street Address 2415 TOWER HILL ROAD										
City SAUNDERSTOWN	State RI	City SAUNDERSTOWN	State RI									
Zip 02874		Zip 02874										
Secretary Name JULIA F. KLIEVER		Treasurer Name JOHN D. KLIEVER										
Street Address 2415 TOWER HILL ROAD		Street Address 2415 TOWER HILL ROAD										
City SAUNDERSTOWN	State RI	City SAUNDERSTOWN	State RI									
Zip 02874		Zip 02874										
8. List ALL directors (names and addresses) Check the box to indicate an attachment! ☐												
Director Name JOHN D. KLIEVER		Director Name JULIA F. KLIEVER										
Street Address 2415 TOWER HILL ROAD		Street Address 2415 TOWER HILL ROAD										
City SAUNDERSTOWN	State RI	City SAUNDERSTOWN	State RI									
Zip 02874		Zip 02874										
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
Zip		Zip										
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment! ☐										
This information is currently of record in the Department of State.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1,000</td> <td>COMMON</td> <td>NONE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,000	COMMON	NONE			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
1,000	COMMON	NONE										
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.												
<i>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.</i>												
Name of Authorized Representative JOHN D. KLIEVER, PRESIDENT		Date 2/1/18										
Signature of Authorized Representative 		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

FEB 09 2018

3993

FORM 630 - Revised: 10/2017