



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

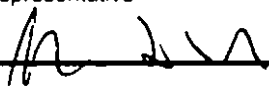
Annual Report for the year: **2018**

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! <input type="checkbox"/>							
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! <input type="checkbox"/>							
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! <input type="checkbox"/>							
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
		1,000		COMMON		NONE	
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 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

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FORM 630 - Revised: 10/2017