

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 <u>1660204</u>		2. Exact name of the Corporation KLOTER FARMS, INC.			
3 Principal Office Address 216 WEST ROAD			City ELLINGTON	State CT	Zip 06029
4 NAICS Code 442299	6. Brief description of the character of business conducted in Rhode Island				
5 State of Incorporation CT	STORAGE BUILDINGS				
7 List ALL officers (names and addresses)					Check the box to indicate an attachment
President Name PETER WELTI		Vice-President Name DAVID SCHNEIDER			
Street Address 257 CRYSTAL LAKE ROAD		Street Address 90A ELLINGTON AVENUE			
City ELLINGTON, CT	State CT	Zip 06029	City ELLINGTON, CT	State CT	Zip 06029
Secretary Name		Treasurer Name JASON KLOTER			
Street Address		Street Address 249 CRYSTAL LAKE ROAD			
City	State	Zip	City ELLINGTON, CT	State CT	Zip 06029
8 List ALL directors (names and addresses)					Check the box to indicate an attachment
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9 Shares Authorized		10 Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		5000		COMMON	
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 <i>Peter Welty</i>					Date 7.25.18
Signature of Authorized Representative PETER WELTI					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.n.gov

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