



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

*Filing Period: September 1 - November 1*

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2018

**1. ID No.** 000097136

**2. Exact Name of the Limited Liability Company** KENYON FARMS, LLC

**3. State of Formation**

State: RI

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

531110

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

TO ACQUIRE, OWN AND DEVELOP REAL ESTATE

**5. Principal Office Address**

No. and Street: 133 OLD TOWER HILL ROAD, SUITE 1

City or Town: WAKEFIELD

State: RI Zip: 02879 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: ROBERT K. KAGELS Contact Title: MEMBER/MANAGER

No. and Street: P.O. BOX 575

City or Town: WAKEFIELD

State: RI

Zip: 02880

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	ROBERT K. KAGELS	632 PARK ROAD WEST HARTFORD, CT 06107 USA
MANAGER	RICHARD T. KAGELS	PO BOX 17494

		CLEARWATER, FL 33762 USA
MANAGER	JOYCE C. KAGELS	71 KENYON FARMS RD. NARRAGANSETT, RI 02882 USA
MANAGER	LINDA K. KAGELS	225 HIDDEN VIEW DRIVE GROVELAND, FL 34736 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

STEPHEN B. KENYON 133 OLD TOWER HILL RD. SUITE ONE WAKEFIELD , RI 02879

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 27 Day of September, 2018 at 9:56:51 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By ROBERT K. KAGELS  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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