



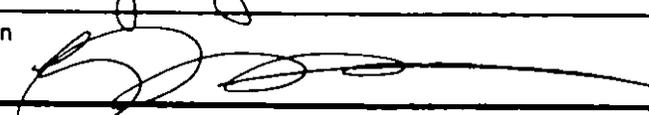
State of Rhode Island and Providence Plantations  
 Department of State - Business Services Division

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2018 NOV 30 PM 2:39

Annual Report for the year: 2018  
 Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number <b>1660803</b>		2. Exact name of the Limited Liability Company <b>Mapleville Farm, LLC</b>	
3. NAICS Code <b>311999</b>		4. Brief description of the character of business conducted in Rhode Island <b>farm produce, animal products + bake shoppe</b>	
5. State of Formation <b>RI</b>			
6. Principal Office Address <b>544 Victory Hwy</b>		City <b>BURRILLVILLE Mapleville</b>	State <b>RI</b> Zip <b>02839</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>Casey Ryan</b>		Contact Title	
Street Address <b>544 Victory Hwy</b>		City <b>Mapleville</b>	State <b>RI</b> Zip <b>02839</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <b>Michael Ryan</b>		Manager Name <b>Benjamin Ryan</b>	
Street Address <b>544 Victory Hwy</b>		Street Address <b>544 Victory Hwy</b>	
City <b>Mapleville</b>	State <b>RI</b>	City <b>Mapleville</b>	State <b>RI</b>
Zip <b>02839</b>		Zip <b>02839</b>	
Manager Name <b>Casey Ryan</b>		Manager Name <b>Emme Ryan</b>	
Street Address <b>544 Victory Hwy</b>		Street Address <b>544 Victory Hwy</b>	
City <b>Mapleville</b>	State <b>RI</b>	City <b>Mapleville</b>	State <b>RI</b>
Zip <b>02839</b>		Zip <b>02839</b>	
Check the box to indicate an attachment: <input type="checkbox"/>			
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.			
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 Person <b>Casey Ryan</b>		Date <b>29 NOV 2018</b>	
Signature of Authorized Person 			

**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

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BY CM MANGS