

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25,00 fee if form is not filed by December 1.

| | FILED |
|-----|--------------|
| BY_ | DEC 1 2 2018 |
| | 10 |

| 1. Entity ID Number 001341011 | | 2. Exact name of the Limited Liability Company Mooresfield Oyster Farm LLC | | | | | |
|---|---------------|--|--|----------------------|------------------------|--|--|
| 3. NAICS Code 115210 | | Brief description of the character of business conducted in Rhode Island Aquaculture | | | | | |
| 5. State of Formation RI | | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | | |
| 91 Point Judith Road Suite 10 | ·4 | , | Narragansett | RI | 02882 | | |
| 7. Mailing Address of Limited | | any and Name o | | | | | |
| Contact Name Stesha Campbe | ell | | Contact Title Member | Contact Title Member | | | |
| Street Address 91 Point Judith | Road Suite 10 |)4 | City Nаггаgansett | State RI | ^{Zip} 02882 | | |
| 8. List ALL managers (names | and addresse | s) of the Limited | Liability Company, IF APPLICAB | BLE - DO NOT LIST | MEMBERS | | |
| Manager Na · · · | | | Manager Name | Manager Name | | | |
| Street Add | | | Street Address | Street Address | | | |
| c : | State | 1 | 1 | State | Zíp | | |
| Manager Name | | • | Manager Name | Manager Name | | | |
| Street Address | | | Street Address | Street Address | | | |
| City | State | Zip | City | State | Zip | | |
| | <u> </u> | <u>.l</u> | I. | Check the box to | indicate an attachment | | |
| 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 d statements, and that all stat | | | examined this report, including true and correct. | g any accompanyin | g schedules and | | |
| Name of Authorized Person | Date | | | | | | |
| Stesha Ca | 1 | | 12/10/2018 | | | | |
| Signature of Authorized Perso | n Oe | ٠. | ileji, grote te jo | | | | |

MAIL TO:

Division of Business Services

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