

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: ___ Limited Liability Company

2018

→ 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	

1. Entity ID Number	2. Exact n	2. Exact name of the Limited Liability Company						
001341011	Mooresfield Oyster Farm LLC							
3. NAICS Code	Brief description of the character of business conducted in Rhode Island							
115210	Aquaculture							
5. State of Formation								
RI								
6. Principal Office Address			City	State	Zip			
91 Point Judith Road Suite 104			Nагragansett	RI	02882			
7. Mailing Address of Limited		any and Name o						
Contact Name Stesha Campbell			Contact Title Member	Contact Title Member				
Street Address 91 Point Judith Road Suite 104			City Narragansett	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		State	Zip			
Manager Name			Manager Name	Manager Name				
Street Address			Street Address					
City	State	Zip	City	State	Zip			
	<u>. I.</u>	, I		Check the box to	indicate an attachment			
9. Resident Agent in Rhode Is	land. This inforr	nation is currently	of record with the Department of Stat	te. Changes require fili	ng 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 Campbell				12/10/2018				
Signature of Authorized Perso	n /		is in the pro-					
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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