



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

DEC 20 2018

BY

7323
[Signature]**Annual Report for the year: 2019**
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 001675009		2. Exact name of the Corporation TALL TIMBER FARM, INC.												
3. Principal Office Address 7405 Post Road			City North Kingstown	State RI	Zip 02852									
4. NAICS Code 115310	6. Brief description of the character of business conducted in Rhode Island FORESTRY													
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name JASON TEFFT			Vice-President Name NONE											
Street Address 33 Fenner Hill Road			Street Address											
City Hope Valley	State RI	Zip 02832	City	State	Zip									
Secretary Name NONE			Treasurer Name NONE											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name NONE			Director Name NONE											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name NONE			Director Name NONE											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>STK</td> <td>0.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	STK	0.01			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
100	STK	0.01												
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 Robert E. Craven, Esq.				Date 12/17/18										
Signature of Authorized Representative [Signature] <div style="text-align: right;">SIGNATURE HERE</div>														

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov