



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

STATE

**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 <b>000116103</b>		2. Exact name of the Corporation <b>LIMEROCK PLANT FARM, INC.</b>				
3. Principal Office Address <b>48 HARRIS AVENUE</b>			City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	
4. NAICS Code <b>424930</b>		6. Brief description of the character of business conducted in Rhode Island <b>BREEDER OF PERENNIAL PLANTS FOR WHOLESALE AND RETAIL SALES</b>				
5. State of Incorporation <b>RHODE ISLAND</b>						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name <b>MARIO J. FARIA</b>			Vice-President Name <b>MARY ANN FARIA</b>			
Street Address <b>48 HARRIS AVENUE</b>			Street Address <b>48 HARRIS AVENUE</b>			
City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	
Secretary Name <b>MARY ANN FARIA</b>			Treasurer Name <b>MARIO J. FARIA</b>			
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 <b>MARIO J. FARIA</b>			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE	
		<b>600</b>		<b>COMMON</b>	<b>-0-</b>	
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. <i>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.</i>						
Name of Authorized Representative <b>MARIO J. FARIA</b>				Date <b>12/28/2018</b>		
Signature of Authorized Representative <i>Mario J. Faria</i>			SIGN DOCUMENT HERE			

**FILED** *OR*

**JAN 04 2019**

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