



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

FILED *02*

JAN 04 2019

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MAIL TO:
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 Website: www.sos.ri.gov