State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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	2. Exact name of the Corporation
509853	ROCKLAND FARM, INC.

3. Principal Office Address	City	State	Zip
144 Touisset Road	Warren	RI	02885

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
11 - Agriculture, Forestry, Fishi (335311)	To Engage in the Business of Agriculture and Any Other Law Business
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Joseph R. Rodrigues	Michael Joseph Rodrigues
Street Address: 144 Touisset Road	Street Address: 150 Touisset Road
City: Warren, State: RI, Zip: 02885	City: Warren, State: RI, Zip: 02885
Secretary Name: Joseph R. Rodrigues	Treasurer Name: Joseph R. Rodgues
Street Address: 144 Touisset Road	Street Address: 144 Touisset Road
City: Warren, State: RI, Zip: 02885	City: Warren, State: RI, Zip: 02885

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	1,000	Common	No Par Value

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	Date
Joseph R. Rodrigues	1-22-19

Signature of Authorized Representative: Joseph R Rodrigues SIGN DOCUMENT HERE

FILED

FEB 01 2019

BY 2330

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016