



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 120819		2. Exact name of the limited liability company SLATER FARMS, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island GROWING OF CROPS			
5. Principal office address 176: Eddie Dowling Highway, Suite 201			City H. Smithfield	State RI	Zip 02896
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Robert Kimball			Contact Title Manager		
Street Address PO Box 29			City Mendon	State MA	Zip 01569
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name Robert W. Kimball			Manager Name Nicholas E. Hill		
Street Address PO Box 29			Street Address PO Box 1168		
City Mendon	State MA	Zip 01569	City Slatersville	State RI	Zip 02876
Manager Name NONE			Manager Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name PAUL P. BAILLARGEON, INC.			Address PARK SQUARE PLACE		
Address 176 EDDIE DOWLING HIGHWAY, SUITE 201			City NORTH SMITHFIELD	Zip 02896	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Date 9/23/05 *120819*

Check No. 9951

By: A

FOR SECRETARY OF STATE USE ONLY

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.

Robert W. Kimball 9-2-05
Signature of Authorized Person Date

ROBERT W. KIMBALL
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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1. ID No 120819		2. Exact name of the limited liability company SLATER FARMS, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Growing of crops			
5. Principal office address 176 Eddie Dowling Highway, Suite 201			City N. Smithfield	State RI	Zip 02896
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Robert W.; Kimball			Contact Title Manager		
Street Address P.O. Box 29			City Mendon	State MA	Zip 01569
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name Robert W. Kimball			Manager Name Nicholas E. Hill		
Street Address P.O. Box 29			Street Address P.O. Box 1168		
City Mendon	State MA	Zip 01569	City Slatersville	State RI	Zip 02876
Manager Name None			Manager Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name PAUL P. BAILLARGEON, INC.			Address PARK SQUARE PLACE		
Address 176 EDDIE DOWLING HIGHWAY, SUITE 201			City NORTH SMITHFIELD	Zip 02896-	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 1 2 0 8 1 9 *

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.

File Date 11/4/04
Check No. 1005
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

[Signature] 9/22/04
Signature of Authorized Person Date

ROBERT W. KIMBALL
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 120819		2. Exact name of the limited liability company SLATER FARMS, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island			
5. Principal office address 176 Eddie Dowling Highway, Suite 201			City N. Smithfield	State RI	Zip 02896
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ROBERT W. KIMBALL			Contact Title Manager		
Street Address P.O. Box 29			City Mendon	State MA	Zip 01569
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name ROBERT W. KIMBALL			Manager Name NICHOLAS E. HILL		
Street Address P.O. Box 29			Street Address P.O. Box 1168		
City Mendon	State MA	Zip 01569	City Slatersville	State RI	Zip 02876
Manager Name NONE			Manager Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name PAUL P. BAILLARGEON, INC.			Address PARK SQUARE PLACE		
Address 176 EDDIE DOWLING HIGHWAY, SUITE 201			City NORTH SMITHFIELD	Zip 02896	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 1 2 0 8 1 9 *

File Date 9.23.03
Check No. 6392
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 9-15-03
Signature of Authorized Person Date
ROBERT W. KIMBALL
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 120819		2. Exact name of the limited liability company SLATER FARMS, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island			
5. Principal office address 176 Eddie Dowling Highway, Suite 201			City N. Smithfield	State RI	Zip 02896
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ROBERT W. KIMBALL			Contact Title Manager		
Street Address P.O. Box 29			City Mendon	State MA	Zip 01569
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name ROBERT W. KIMBALL			Manager Name NICHOLAS E. HILL		
Street Address P.O. Box 29			Street Address P.O. Box 1168		
City Mendon	State MA	Zip 01569	City Slatersville	State RI	Zip 02876
Manager Name NONE			Manager Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 -R.I.G.L. 7-16-11					
Agent Name PAUL P. BAILLARGEON, INC.			Address PARK SQUARE PLACE		
Address 176 EDDIE DOWLING HIGHWAY, SUITE 201			City NORTH SMITHFIELD	Zip 02896-	

This report must be signed in ink by an authorized person pursuant to 7-16-66.



* 1 2 0 8 1 9 *

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.

File Date 9.12.02
Check No. 4732
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

[Signature] 9-5-02
Signature of Authorized Person Date
ROBERT W. KIMBALL
Print or type Name of Authorized Person