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

FILED
FEB 11 2019
BY 2652

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
799159	LIGHTNING RIDGE FARM, INC.

3. Principal Office Address	City	State	Zip
519c Putnam Pike	Chepachet	RI	02814

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
236117	Real Estate development and agricultural products, retail sales, farming
5. State of Incorporation: Rhode Island	

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

President Name: Christopher Clark			Vice-President Name: N/A		
Street Address: 519c Putnam Pike			Street Address		
City: Chepachet	State: RI	Zip: 02814	City	State	Zip
Secretary Name: Christopher Clark			Treasurer Name: Christopher Clark		
Street Address: 519c Putnam Pike			Street Address: 519c Putnam Pike		
City: Chepachet	State: RI	Zip: 02814	City: Chepachet	State: RI	Zip: 02814

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

Director Name: None			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.**	51	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
Christopher Clark, President	2/7/19 ✓

Signature of Authorized Representative: Ch Clark — SIGN DOCUMENT HERE ✓

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017