State of Knode Island and Providence Plantations Department of State - Business Services Division					
2019					

FILED

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

HIG	2 ₆	2019	

1. Entity ID Number	To 5	7.45 . 1		<u> </u>			
1665322		2. Exact name of the Limited Liability Company Shannock Hill Farms, LLC					
3. NAICS Code 531190	4. Brief descr own, manag	Brief description of the character of business conducted in Rhode Island own, manage and lease real estate					
5. State of Formation Rhode Island	1						
6 Principal Office Address 4089 South County Trail			City Charlestown	State RI	Zip 02813		
7. Mailing Address of Limited Lia	ability Company	and Name or Tit	ile of Contact Person				
Contact Name Amy R Tavares			Contact Title Manager				
Street Address 4089 South County Trail			City Charlestown	State RI	Zip 02813		
8. List ALL managers (names ar	nd addresses) (of the Limited Lia	bility Company, IF APPLICABL	E - DO NOT LIST N	AEMBERS		
Manager Name Army R Tavares			Manager Name				
Street Address 4089 South County Trail			Street Address	Street Address			
City Charlestown	State RI	Zip 02813	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
			<u> </u>	Check the box to in	ndicate an attachment		
9. Resident Agent in Rhode Islan	id. This information	on is currently of re	cord with the Department of State	Changes require filing	Form 642.		
Under penalty of perjury, I decistatements, and that all statem	lare and affirm	n that I have exar	mined this report, including a	any accompanying	schedules and		
Name of Authorized Person Amy R Tavares Date 8/3/19							
Signature of Authorized Person	thes	Stan Dr	OCUMENT HERE				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov