s s	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business	Services	
148 W. River Street			
	Providence RI 0290 (401) 222-304		
HOPE	(401) 222-304	+0	
Limited Liability Com	pany		
Annual Report Filing Period: September 1 - November 1			
rning renou. September 1 - November 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing			
to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT VEAR: 2010			
ANNUAL REPORT YEAR: 2019			
1. ID No. <u>000159036</u>			
2. Exact Name of the Limited Liability Company <u>SUN FARM OYSTERS LLC</u>			
3. State of Formation			
State: <u>RI</u>			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download			
the list of codes here. More information on NAICS can be found online.			
<u>115210</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
	e character of the business which	TS Actually Conducted in Kild	
AQUACULTURED PRO	<u>ODUCTS</u>		
5. Principal Office Addre	SS		
No. and Street: 1247	EBBETTS HOLLOW		
	BOX 871		
		te: <u>RI</u> Zip: <u>02807</u> Count	try: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: CHRISTOPHER WARFEL Contact Title: PRESIDENT, HEAD OYSTER			
No. and Street: <u>1247 EBBETTS HOLLOW</u>			
PO BOX 871			
City or Town: <u>BLOC</u>	CK ISLAND Sta	te: <u>RI</u> Zip: <u>02807</u> Coun	try: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip C	ode, Country

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CHRISTOPHER WARFEL 1247 EBBETTS HOLLOW P.O. BOX 871 BLOCK ISLAND, RI 02807

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 27 Day of August, 2019 at 2:10:01 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By CHRISTOPHER WARFEL

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2019 State of Rhode Island and Providence Plantations All Rights Reserved