RI SOS Filing Number: 201920277930 Date: 9/16/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2019 **Limited Liability Company** 

- → Filing period. September 1 November 1
- → Filing Fee. \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

| 1. Entity ID Number   | 2. Exact name of the Limited Liability Company                           |                 |                       |                     |                                       |
|---|--|-----------------|-----------------------|---------------------|---------------------------------------|
| 96594   | Adler Family Farm, LLC   |                 |                       |                     |                                       |
| 3. NAICS Code   | Brief description of the character of business conducted in Rhode Island |                 |                       |                     |                                       |
| 111940  | Farming  |                 |                       |                     |                                       |
| 5. State of Formation   |  |                 |                       |                     |                                       |
| RI  |  |                 |                       |                     |                                       |
| 6. Principal Office Address   |  |                 | City                  | State               | Zip                                   |
| 115 Mapleville Road   |  |                 | Greenville            | RI                  | 02828                                 |
| 7 Mailing Address of Limited Lia  | ibility Compan   | y and Name or 1 |                       |                     | •                                     |
| Contact Name Scott D. Adler   |  |                 | Contact Title Manager |                     |                                       |
| Street Address 125 Mapleville Road  |  |                 | City Greenville       | State RI            | Zip 02828                             |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |  |                 |                       |                     |                                       |
| Manager Name  |  |                 | Manager Name          |                     |                                       |
| Street Address  |  |                 | Street Address        |                     |                                       |
| City  | State  | Zıp             | City                  | State               | Zıp                                   |
| Manager Name  |  |                 | Manager Name          |                     |                                       |
| Street Address  |  |                 | Street Address        |                     |                                       |
| City  | State  | Zıp             | City                  | State               | Ζιp                                   |
| Check the box to indicate an attachment   |  |                 |                       |                     |                                       |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642  |  |                 |                       |                     |                                       |
| Under penalty of perjury, I dec<br>statements, and that all stater  |  |                 |                       | ng any accompanying | schedules and                         |
| Name of Authorized Person   |  |                 |                       | Date                |                                       |
| Scott D. Adler  |  |                 |                       | 9/11/               | 19                                    |
| Signature of Authorized Person |  |                 |                       |                     |                                       |
|   | · · · · · · · · · · · · · · · · · · ·                                    |                 |                       |                     | · · · · · · · · · · · · · · · · · · · |

MAIL TO:

**Division of Business Services** 

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