s s	State of Rhode Island and Providence Plantations Office of the Secretary of State				าร	Fee: \$50.00	
Division Of Business Services							
	148 W. River Street						
	Providence RI (401) 222						
HOPE	(401) 22.	2-304	0				
Limited Liability Com	pany						
Annual Report Filing Period: September 1	- November 1						
rilling Feriou. September T							
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 YEAR: 2019							
1. ID No. 000535094							
2. Exact Name of the Limited Liability Company <u>Max's Farm, LLC</u>							
3. State of Formation							
State: <u>RI</u>							
ARTICLE III							
Enter the civilizit NAICS Code that heat describes the primary business and ducted by the partity Describes the							
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.							
<u>561730</u>							
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island							
FARM PRODUCTS AND LANDSCAPING SERVICES							
5. Principal Office Addre	SS						
No. and Street: 110	WOODY HILL ROAD						
	E VALLEY	Stat	State: <u>RI</u> Zip: <u>02832</u> Country: <u>USA</u>				
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:							
Contact Name: LAURIE	CHARPENTIER Contact Title:						
No. and Street: 110 WOODY HILL ROAD							
City or Town: <u>HOP</u>	<u>E VALLEY</u>	State	ate: <u>RI</u> Zip: <u>02832</u> Country: <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		Addro		City or Town, State, Zip Code, Country		
MANAGER	LAURIE ANN CHARPENTIER		110 WOODY HILL				
			HOPE VALLEY, RI 02832 USA				

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

LAURIE A. CHARPENTIER 110 WOODY HILL ROAD HOPE VALLEY, RI 02832

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

Signed this 22 Day of October, 2019 at 12:22:14 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 LAURIE CHARPENTIER

Signature of Authorized Person

Form No. 632 Revised 09/07

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