

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2019 OCT 28 AM 11: 31

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

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

Entity ID Number	2. Exact name of the Limited Liability Company				
000525383					
3. NAICS Code	4. Brief descrip	otion of the charac	ter of business conducted in Rhode Island		
111199	Farming- Hay				
5. State of Formation	2				
RI					
6. Principal Office Address			City	State	Zıp
20 Weeden Lane, Jamestown			Jamestan	57	02835
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Jessie Dutra			Contact Title OSSICE Mainager  City Jamestoun State Zip 02835		
Street Address 20 Weeden Lane			City Jamestoun	State	Zip 02835
6. 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	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 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 Person Date					
Joseph F Dutra 10/28/19					
Signature of Authorized Person					
Josef Dutte					

MAIL TO:

**Division of Business Services** 

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

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

OCT 28 2019

BY ON NB7A5

FORM 632 - Revised: 10/2017