



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

NOV 15 2019

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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 585937 | | 2. Exact name of the Limited Liability Company Gerald's Farm, LLC | |
| 3. NAICS Code 541320 | | 4. Brief description of the character of business conducted in Rhode Island farm use, hay and firewood produced | |
| 5. State of Formation RI | | | |
| 6. Principal Office Address 20 Gerald's Farm Drive | | City Exeter | State RI |
| | | Zip 02822 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name Gerald P. Zarrella, Sr. | | Contact Title Member | |
| Street Address PO Box 1506 | | City East Greenwich | State RI |
| | | Zip 02818 | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | |
| Manager Name Gerald P. Zarrella, Sr. | | Manager Name | |
| Street Address 1 Gerald's Farm Drive | | Street Address | |
| City Exeter | State RI | Zip 02822 | |
| City | | State | Zip |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| City | State | Zip | |
| City | | State | Zip |
| Check the box to indicate an attachment <input type="checkbox"/> | | | |
| 9 Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. | | | |
| <i>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.</i> | | | |
| Name of Authorized Person <i>[Signature]</i> | | Date 11/5/19 | |
| Signature of Authorized Person <i>Gerald P. Zarrella</i> | | SIGN DOCUMENT HERE | |

MAIL TO:

Division of Business Services
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