



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

DEC 03 2019

BY

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 000879804 | | 2. Exact name of the Limited Liability Company FREDERICKSON FARMS LLC | | | |
| 3. NAICS Code 423990 | | 4. Brief description of the character of business conducted in Rhode Island Agricultural production and seasonal sales, Wood, Pellet and Gas stove retail sales and related item sales. | | | |
| 5. State of Formation Rhode Island | | | | | |
| 6. Principal Office Address 985 Chopmist Hill Road | | | City North Scituate | State RI | Zip 02857 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Howard I Frederickson III | | | Contact Title Member | | |
| Street Address 1051 Chopmist Hill Road | | | City North Scituate | State RI | Zip 02857 |
| 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 | 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 <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. | | | | | |
| 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 Howard I Frederickson III | | | | Date 11/30/2019 | |
| Signature of Authorized Person  | | | | | |

MAIL TO:**Division of Business Services**

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