



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

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. 001683900

2. Exact Name of the Limited Liability Company ipsum LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

111219

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

I GROW AND SELL VEGETABLES, HERBS AND FRUIT TO A NUMBER OF HOUSEHOLDS THROUGH A WEEKLY VEGETABLE SUBSCRIPTION PROGRAM CALLED A CSA (COMMUNITY SUPPORTED AGRICULTURE).

5. Principal Office Address

No. and Street: 196 WILLARD AVENUE

City or Town: SEEKONK

State: MA

Zip: 02771

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: IAN AUGUSTINE Contact Title: OWNER

No. and Street: 196 WILLARD AVE

City or Town: SEEKONK

State: MA

Zip: 02771

Country: USA

**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	Address, City or Town, State, Zip Code, Country

MANAGER

IAN JAMES AUGUSTINE

196 WILLARD AVE
SEEKONK, MA 02771 USA

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

REGISTERED AGENTS INC. ONE RICHMOND SQUARE, SUITE 125B PROVIDENCE , RI 02906

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

Signed this 13 Day of April, 2020 at 4:25:36 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 IAN AUGUSTINE
Signature of Authorized Person

Form No. 632
Revised 09/07

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