

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) I. ID No. 2. Exact name of the limited liability company 140762 Wolf Ridge Farm, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island Operation of farm Rhode Island 5. Principal office address City State Zip Rte. 102, Victory Highway Foster RI 02852 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF TITLE OF CONTACT PERSON Contact Name Contact Title Beth DiCicco .Member/Manager Street Address Ciry State Rte. 102 Victory Highway Foster RI 02852 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name · Manager Name Beth DiCicco Sireet Address *Street Address Rte. 102 Victory Highway Cirv State Zip Cin State Zip Foster RΙ 02852 Manager Name Manager Name Street Address ·Street Address City State Zip .Cin State 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.I., 7-16-11 Agent Name Address Seth Adam Perlmutter, Esq. Address Zip 949 Park Avenue Cranston, RI 02910

This report must be signed in ink by an authorized person pursuant to 7-16-66.



File Date Check No. FOR SECRETARY OF STATE USE ONLY

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.

Beth DiCicco