| State of Rhode Island<br>Office of the Secretary of StateDivision Of Business Services<br>148 W. River Street<br>Providence RI 02904-2615<br>(401) 222-3040  | Fee: \$50.00  |
|--|---|
| 148 W. River Street<br>Providence RI 02904-2615  |   |
| Providence RI 02904-2615   |   |
|  |   |
| (+01) 222-30+0   |   |
|  |   |
| Limited Liability Company  |   |
| Annual Report<br>Filing Period: September 1 - November 1   |   |
| In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refu   | isina   |
| to file its annual report within thirty (30) days after the time prescribed by law (R.I.C  |   |
| 16-66(b&c)) is subject to a penalty fee of \$25.00.  |   |
| ANNUAL REPORT YEAR: 2020   |   |
| <b>1. ID No.</b> <u>000112105</u>  |   |
| 2. Exact Name of the Limited Liability Company FRAUD FARM, LLC   |   |
| 3. State of Formation  |   |
| State: <u>RI</u>   |   |
|  |   |
| Enter the six digit NAICS Code that best describes the primary business conducte<br>the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.   |   |
| <u>531190</u>  |   |
| 4. Brief Description of the Character of the Business Which is Actually Con-   | ducted in Rhode Island                                    |
|  | ducted in Rhode Island                                    |
|  |   |
| 4. Brief Description of the Character of the Business Which is Actually Con-   |   |
| 4. Brief Description of the Character of the Business Which is Actually Con-<br>OWNERSHIP, OPERATION AND MANAGEMENT OF REAL ESTATE<br>5. Principal Office Address  |   |
| 4. Brief Description of the Character of the Business Which is Actually Cont<br>OWNERSHIP, OPERATION AND MANAGEMENT OF REAL ESTATE     5. Principal Office Address     No. and Street: 993 NECK ROAD   |   |
| 4. Brief Description of the Character of the Business Which is Actually Cont         OWNERSHIP, OPERATION AND MANAGEMENT OF REAL ESTATE         5. Principal Office Address         No. and Street:       993 NECK ROAD         City or Town: <u>TIVERTON</u>  | Country: <u>USA</u>                                       |
| 4. Brief Description of the Character of the Business Which is Actually Cont<br>OWNERSHIP, OPERATION AND MANAGEMENT OF REAL ESTATE     5. Principal Office Address     No. and Street: 993 NECK ROAD   | Country: <u>USA</u>                                       |
| 4. Brief Description of the Character of the Business Which is Actually Con- OWNERSHIP, OPERATION AND MANAGEMENT OF REAL ESTATE 5. Principal Office Address No. and Street: 993 NECK ROAD City or Town: TIVERTON State: RI Zip: 02878 6. Mailing Address of Limited Liability Company and Name or Title of Contact Contact Name: Contact Title:  | Country: <u>USA</u>                                       |
| 4. Brief Description of the Character of the Business Which is Actually Cond         OWNERSHIP, OPERATION AND MANAGEMENT OF REAL ESTATE         5. Principal Office Address         No. and Street:       993 NECK ROAD         City or Town:       TIVERTON         State: RI       Zip: 02878         6. Mailing Address of Limited Liability Company and Name or Title of Contact Name:         Contact Name:       Contact Title:         No. and Street:       993 NECK ROAD  | Country: <u>USA</u><br>act Person:                        |
| 4. Brief Description of the Character of the Business Which is Actually Contact         OWNERSHIP, OPERATION AND MANAGEMENT OF REAL ESTATE         5. Principal Office Address         No. and Street:       993 NECK ROAD         City or Town:       TIVERTON         State:       RI         Zip:       02878         6. Mailing Address of Limited Liability Company and Name or Title of Contact         Contact Name:       Contact Title:         No. and Street:       993 NECK ROAD         City or Town:       TIVERTON  | Country: <u>USA</u><br>act Person:<br>Country: <u>USA</u> |
| 4. Brief Description of the Character of the Business Which is Actually Cond         OWNERSHIP, OPERATION AND MANAGEMENT OF REAL ESTATE         5. Principal Office Address         No. and Street:       993 NECK ROAD         City or Town:       TIVERTON         State: RI       Zip: 02878         6. Mailing Address of Limited Liability Company and Name or Title of Contact Name:         Contact Name:       Contact Title:         No. and Street:       993 NECK ROAD  | Country: <u>USA</u><br>act Person:<br>Country: <u>USA</u> |
| 4. Brief Description of the Character of the Business Which is Actually Contact         OWNERSHIP, OPERATION AND MANAGEMENT OF REAL ESTATE         5. Principal Office Address         No. and Street:       993 NECK ROAD         City or Town:       TIVERTON         State:       RI         Zip:       02878         6. Mailing Address of Limited Liability Company and Name or Title of Contact         Contact Name:       Contact Title:         No. and Street:       993 NECK ROAD         City or Town:       TIVERTON         State:       RI         Zip:       02878 | Country: <u>USA</u><br>act Person:<br>Country: <u>USA</u> |

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JASON M PECKHAM 993 NECK ROAD TIVERTON, RI 02878

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

**Signed this 29 Day of September, 2020 at 1:32:41 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 JASON M. PECKHAM Signature of Authorized Person

Form No. 632 Revised 09/07

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