| | State of Rh Office of the Se | node Island cretary of S | state | Fee: \$50.00 |
|--|---|-----------------------------|-----------------------|-------------------------|
| | Division Of Bu | siness Service | S | |
| | | iver Street | | |
| | Providence R | | | |
| HOPE | (401) 2. | 22-3040 | | |
| Limited Liability Com Annual Report Filing Period: September 1 | | | | |
| | 7-16-66(d), each limited liabilit n thirty (30) days after the time penalty fee of \$25.00. | | | |
| ANNUAL REPORT YEAR: | 2020 | | | |
| 1. ID No. <u>00048697</u> | <u></u> | | | |
| 2. Exact Name of the Li | mited Liability Company $\underline{\mathrm{RI}}$ | VERSIDE FA | RM LLC | |
| 3. State of Formation | | | | |
| State: <u>RI</u> | | | | |
| - | Code that best describes the pre- e information on <u>NAICS</u> can be | | s conducted by | the entity. Download |
| 4. Brief Description of th | e Character of the Business | Which is Actu | ally Conducted | d in Rhode Island |
| FARMING/AGRITOUR | <u>SIM, CHRISTMAS TREE I</u> | FARM | | |
| 5. Principal Office Addre | SS | | | |
| | <u>JRDICKVILLE ROAD</u> RLESTOWN | State: <u>RI</u> | Zip: <u>02813</u> | Country: <u>USA</u> |
| 6. Mailing Address of Li | nited Liability Company and | Name or Title | e of Contact Pe | erson: |
| Contact Name: Contact | Title [.] | | | |
| | JRDICKVILLE ROAD | | | |
| | RLESTOWN | State: <u>RI</u> | Zip: <u>02813</u> | Country: <u>USA</u> |
| 7. Name and Address of DO NOT LIST MEMBE | Each Manager of the Limite | d Liability Co | mpany, if Appl | icable. |
| Title | Individual Name | | Addr | ess |
| | First, Middle, Last, Suffix | Addre | ess, City or Town, St | tate, Zip Code, Country |
| | | | | |
| 8. RESIDENT AGENT IN F | RHODE ISLAND - DO NOT AL | TER | | |

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

JANE DURNING 90 BURDICKVILLE ROAD CHARLESTOWN, RI 02813

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

Signed this 30 Day of September, 2020 at 10:57:01 AM 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 JANE DURNING

Signature of Authorized Person

Form No. 632 Revised 09/07

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