



State of Rhode Island  
Department of State - Business Services Division

**FILED**

Annual Report for the year: 2020  
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.

OCT 26 2020  
BY WISLUB  
*[Signature]*

|   |  |  |           |                               |                 |                    |              |           |
|---|--|--|-----------|-------------------------------|-----------------|--------------------|--------------|-----------|
| 1. Entity ID Number<br>128617   |  | 2. Exact name of the Limited Liability Company<br>MELLO'S FARM AND FLOWER CENTER, LLC      |           |                               |                 |                    |              |           |
| 3. NAICS Code<br>115115   |  | 4. Brief description of the character of business conducted in Rhode Island<br>AGRICULTURE |           |                               |                 |                    |              |           |
| 5. State of Formation<br>RHODE ISLAND   |  |  |           |                               |                 |                    |              |           |
| 6. Principal Office Address<br>444 BOYD'S LANE  |  |  |           | City<br>PORTSMOUTH            |                 | State<br>RI        | Zip<br>02871 |           |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |  |           |                               |                 |                    |              |           |
| Contact Name HENRY R. MELLO   |  |  |           | Contact Title MANAGER         |                 |                    |              |           |
| Street Address 444 BOYD'S LANE  |  |  |           | City PORTSMOUTH               |                 | State RI           | Zip 02871    |           |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |  |  |           |                               |                 |                    |              |           |
| Manager Name HENRY R. MELLO   |  |  |           | Manager Name STACY A. MELLO   |                 |                    |              |           |
| Street Address 9 CAMARA DRIVE   |  |  |           | Street Address 9 CAMARA DRIVE |                 |                    |              |           |
| City PORTSMOUTH   |  | State RI   | Zip 02871 |                               | City PORTSMOUTH |                    | State RI     | Zip 02871 |
| 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. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642  |  |  |           |                               |                 |                    |              |           |
| <i>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.</i> |  |  |           |                               |                 |                    |              |           |
| Name of Authorized Person<br>HENRY R. MELLO, MANAGER  |  |  |           |                               |                 | Date<br>10-21-2020 |              |           |
| Signature of Authorized Person<br><i>Henry R. Mello</i>   |  |  |           |                               |                 |                    |              |           |

**MAIL TO:**  
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