RI SOS Filing Number: 202071925570 Date: 10/29/2020 4:00:00 PM

nnual Report for t	he year: 2020					2020 OCT	
mited Liability Co	• •					0	
Filing period: Septer	mber 1 - Novembe	er 1				CT	
→ Filing Fee: \$50.00 → Penalty: Additional \$	25 00 fee if form is	not filed by De	cember 1.	<u>—</u>	_ , · ,	~	
7 Felialty. Additional w	20,00 100 11 101111 10						
. Entity ID Number	2. Exact nar	2. Exact name of the Limited Liability Company					
00161278		INT FARM LLC					
<u> </u>	[Brief description of the character of business conducted in Rhode Island					
. NAICS Code						1~1	
15310	ACQUIRE,	ACQUIRE, IMPROVE, INVEST IN JAMESTOWN RI PROPERTY					
. State of Formation							
RI							
. Principal Office Address		-	City	State	Zip		
435 BEAVERTAIL ROAD			JAMESTOWN	RI	02835		
_			Title of Contact Parson				
'. Mailing Address of Limi		ny and Name or	Contact Title				
Contact Name NORTON F	I. REAMER		Contact Title				
Street Address 191 COMMONWEALTH AVENUE, #51			City BOSTON	State MA	^{Zip} 02116		
3. List ALL managers (na	mes and addresses) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST N	MEMBERS		
Manager Name			Manager Name				
			Street Address				
Street Address			Street Address				
City	State	Zip	City	State	Zıp		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Ζφ		
				Check the box to i	indicate an attachn	nent 🗌	
O. The Resident Agent in	formation currently	of record with the	e RI Department of State is ac	curate. Changes requir	e filing Form 642.		
Under sensity of perius	or I declare and aff	irm that I have	examined this report, includ	ing any accompanyin	g schedules and		
statements, and that al	i statements conta	ined herein are	true and correct.				
Name of Authorized Person				10/22/20			
NORTON H. REAMER				10/2	2/20		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

OCT 29 2020

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FORM 632 - Revised: 08/2020