	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business		
	148 W. River St Dravidence DL 0200		
HORE	Providence RI 0290 (401) 222-304		
_imited Liability Com Annual Report	ipany		
Filing Period: September 1	- November 1		
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2020</u>		
1. ID No. <u>00167955</u>	7		
2. Exact Name of the Li	mited Liability Company State Lin	e Farm, LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
the list of codes <u>here.</u> Mor <u>531110</u>	e information on <u>NAICS</u> can be found	online.	
4. Brief Description of th	e Character of the Business Which	is Actually Conduct	ed in Rhode Island
OWN AND MANAGE DWELLING.	REAL ESTATE INCLUDING RE	NTAL AND RESID	<u>ENTIAL</u>
<u>Dwelling.</u>			
5. Principal Office Addre	SS		
	VILLOW STREET		
City or Town: <u>FLC</u>	DRENCE State: <u>N</u>	<u>IA</u> Zip: <u>01062</u>	Country: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact	Person:
Contact Name: CHRIST	OPHER V. SPICER Contact Title: <u>N</u>	IANAGER/CO-OWNE	<u>R</u>
No. and Street: 73	WILLOW ST		_
City or Town: <u>FL</u>	ORENCE State: MA	Zip: <u>01062</u>	Country: <u>US</u>
7. Name and Address of DO NOT LIST MEMBE	Each Manager of the Limited Liab RS	ility Company, if Ap	plicable.
Title	Individual Name	لہ ۸	dress
i ilie	First, Middle, Last, Suffix		State, Zip Code, Country
MANAGER	CHRISTOHER V SPICER	73 WILLOW STREET	
		FLORENCE,	MA 01062 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ROBERT D. EMERSON ONE FINANCIAL PLAZA, SUITE 1800 PROVIDENCE, RI 02903

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

Signed this 12 Day of November, 2020 at 6:38:26 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 <u>CHRISTOPHER V. SPICER</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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