



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 97088		2. Exact name of the limited liability company GREENVIEW FARM LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ORGANIC FARMING	
5. Principal office address 900 TUCKERTOWN RD.		City WAKEFIELD	State RI Zip 02879
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name CRAIG N. TOTTEN		Contact Title	
Street Address 900 TUCKERTOWN RD.		City WAKEFIELD	State RI Zip 02879
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS. (X) BOX FOR ATTACHMENT. <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) 7-16-52			
Manager Name CRAIG N. TOTTEN		Manager Name	
Street Address 900 TUCKERTOWN RD.		Street Address	
City WAKEFIELD	State RI	Zip 02879	City State Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City State Zip
8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER. Changes require filing of Form 642. R.I.G.L. 7-16-11			
Agent Name BRIAN G. BARDORF, ESQ.		Address 36 WASHINGTON SQUARE	
Address		City NEWPORT	Zip 02840

This report must be signed in ink by an authorized person pursuant to 7-16-66.



9 7 0 8 8

\*97088 DLLC 10/11/05 10:11:45 AM\*

File Date 11-09-05

Check No 1652

By 1UP

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Person

Date

Print or Type Name of Authorized Person



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 97088		2. Exact name of the limited liability company GREENVIEW FARM LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ORGANIC FARMING	
5. Principal office address 8 SYLVAN STREET		City NEWPORT	State RI
		Zip 02840	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name CRAIG N TOTTEN		Contact Title	
Street Address 8 SYLVAN ST.		City NEWPORT	State RI
		Zip 02840 -	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Craig N. Totten		*Manager Name	
Street Address 8 Sylvan St.		*Street Address	
City Newport	State RI	Zip 02840	*City
Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City
		State	
		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name BRIAN G. BARDORF		Address 130 BELLEVUE AVENUE	
Address		City NEWPORT	Zip 02840

This report must be signed in ink by an authorized person pursuant to 7-16-66.



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*97088 DLLC 09/20/04 01:27:30 PM*	
File Date	10/26/04
Check No.	1559
By:	W.
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Authorized Person

Date

10/10/04

Craig Totten  
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 97088		2. Exact name of the limited liability company GREENVIEW FARM LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ORGANIC FARMING	
5. Principal office address 8 SYLVAN STREET		City NEWPORT	State RI
		Zip 02840	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name CRAIG N TOTTEN		Contact Title	
Street Address 8 SYLVAN ST.		City NEWPORT	State RI
		Zip 02840-	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Craig N. Totten		*Manager Name	
Street Address 8 Sylvan Street		*Street Address	
City Newport	State RI	Zip 02840	*City State Zip
Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City State Zip
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name BRIAN G. BARDORF		Address 130 BELLEVUE AVENUE	
Address		City NEWPORT	Zip 02840

This report must be signed in ink by an authorized person pursuant to 7-16-66.



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*97088 DLLC 09/09/03 01:16:48 PM*	
File Date	10/28/03
Check No.	1429
By	
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Authorized Person Date 10/20/03  
Craig Totten  
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. *97088*		2. Exact name of the limited liability company GREENVIEW FARM LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ORGANIC FARMING	
5. Principal office address 8 SYLVAN STREET		City NEWPORT	State RI Zip 02840
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name CRAIG N TOTTEN Contact Title			
Street Address 8 SYLVAN ST.		City NEWPORT	State RI Zip 02840-
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name CRAIG N. TOTTEN		*Manager Name	
Street Address 8 Sylvan Street		*Street Address	
City Newport	State RI	Zip 02840	*City State Zip
Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City State Zip
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name BRIAN G. BARDORF		Address 130 BELLEVUE AVENUE	
Address		City NEWPORT	Zip 02840

This report must be signed in ink by an authorized person pursuant to 7-16-66.



\* 9 7 0 8 8 \*

*97088 DLLC9/23/021:18:11 PM*	
File Date	12-12-02
Check No.	1368
By:	
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Authorized Person  
Date 11/25/02  
Craig N. Totten, Member  
Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between  
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Corporations Division  
100 North Main Street Providence, Rhode Island 02903-1335  
Telephone (401) 222-3040

**LIMITED LIABILITY COMPANY**

ID Number DLIC 97088

Annual Report for the year 2001

1. The name of the limited liability company is:

GREENVIEW FARM LLC

2. The address of the principal office of the limited liability company is:

8 Sylvan Street, Newport, RI 02840

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: BRIAN G. BARDORF

130 BELLEVUE AVENUE NEWPORT RI 02840

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 8 Sylvan Street, Newport, RI 02840, Craig N. Totten

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Organic Farming

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Craig N. Totten, Member

8 Sylvan Street, Newport, RI 02840

Dated \_\_\_\_\_



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.

Greenview Farm, LLC

Exact Name of Limited Liability Company

By Craig N. Totten

Member

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 10-26-01

Check No.: 1880

By: [Signature]

Form No. 632  
Revised 01/99

**DETACH BOTTOM BEFORE RETURNING**

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be

Filing Fee: \$50.00

To be filed annually between  
September 1 and November 1



# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335

## LIMITED LIABILITY COMPANY

ID Number LL 97088

Annual Report for the year 2000

1. The name of the limited liability company is:

GREENVIEW FARM LLC

2. The address of the principal office of the limited liability company is:

8 Sylvan Street, Newport, RI 02840

3. The state or other jurisdiction under the laws of which it is formed is: RHODE ISLAND

4. The name and address of its resident agent is: BRIAN G. BARDORF

130 Bellevue Avenue, Newport, RI 02840

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 8 Sylvan Street, Newport, RI 02840, Craig N. Totten

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Organic farming

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Craig N. Totten, Member

8 Sylvan Street, Newport, RI 02840

Dated Oct 26, 2000

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.

Greenview Farm LLC

Exact Name of Limited Liability Company

By

Craig N. Totten  
Member

Title

Filing Fee: \$50.00

To be filed annually between  
September 1 and November 1



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Office of the Secretary of State  
Corporations Division  
100 North Main Street Providence, Rhode Island 02903-1335  
Telephone (401) 222-3040

### LIMITED LIABILITY COMPANY

ID Number LL 97088

Annual Report for the year 1999

1. The name of the limited liability company is:

GREENVIEW FARM LLC

2. The address of the principal office of the limited liability company is:

8 Sylvan Street, Newport, RI 02840

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: BRIAN G. BARDORF

130 BELLEVUE AVENUE NEWPORT, RI 02840

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 8 Sylvan Street, Newport, RI 02840, Craig N. Totten, Member

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Organic Farming

7. If the limited liability company has managers the name and address of each manager of the limited liability company  
Craig N. Totten 8 Sylvan Street, Newport, RI 02840

Dated 10-6-99



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.

Greenview Farm LLC

Exact Name of Limited Liability Company

By

Craig N Totten

Member

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 10-19-99

Check No.: 1100

By: AMF

Form No. 632  
Revised 01/99

DETACH BOTTOM BEFORE RETURNING

Filing Fee: \$50.00

To be filed annually between  
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Corporations Division  
100 North Main Street Providence, Rhode Island 02903-1335  
Telephone (401) 222-3040

### LIMITED LIABILITY COMPANY

ID Number LL 97088

Annual Report for the year 1998

1. The name of the limited liability company is:

GREENVIEW FARM LLC

2. The address of the principal office of the limited liability company is:

8 Sylvan Street, Newport, RI 02840

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: BRIAN G. BARDORF

47 LONG WHARF MALL NEWPORT, RI 02840

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 8 Sylvan Street, Newport, RI 02840, Craig N. Totten, Member

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Organic farming

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
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Craig N. Totten, Member

8 Sylvan Street, Newport, RI 02840

Dated Oct. 19, 19 98



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.

Greenview Farm LLC

Exact Name of Limited Liability Company

By Craig N. Totten

Member  
Title

FOR SECRETARY OF STATE USE ONLY  
File Date: OCT 21 1998  
Check No.: 1010112  
By: SECY OF STATE

DETACH BOTTOM BEFORE RETURNING

Form No. LLC-19  
Revised 8/97