

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

	ED OR PRINTED IN BL						
1. ID No. 2. Exact name of the limited liabilty company				-			
97088							
3 State of Formation 4. Brief description of the character of the bus			business which is actually conducted	I in Rhode Island	<del></del>		
RHODE ISLAND ORGANIC FARMING							
5. Principal office addr	=		City	State	Zip		
900 TUCKERTOWN RD.			WAKEFIELD	RI	02879		
6! MAILING ADD	RESS OF LIMITED	LIABIEITY COMPAN	Y AND NAME OR HITLE	OFCONTACTOPE	SON THE RESERVE AND SEC		
Contact Name		(M. berine saare in amerika urbida sebaga yiliyi fizayende sebaga	Contact Title		The second secon		
CRAIG N. TOTI	EN		:				
Street Address			City	State	Zip		
900 TUCKERTOW	N RD.		.WAKEFIELD	RI	02879		
7. NAME AND AD	DRESS OF EACH N	IANAGER OF THE L	IMITED LIABILITY COM	PANY IF APPLIC	THE SECTION OF THE SE		
	TO FILE INS	PACES BEFORE USING	ATTACHMENTS TOWN	FOR ATTACHMENT)			
	ANY MODIFICATION	S TO MANAGERS REQUI	ATTACHMENTS #("X"BOX RES Fluing OF AMENDMENT.	R.I.G.L'7-16-12 (a) (2) /	7-16-52-7		
Manager Name			• Manager Name				
CRAIG N. TOTT	EN		•				
Street Address			Street Address	Street Address			
900 TUCKERTOW	N RD.		•				
City	State	Ζιρ	*City	State	Zip		
WAKEFIELD	RI	02879	•		l '		
Manager Name	• • • • • • • • • • •	• • • • • • • • • • • • •	*Manager Name				
			•				
Street Address			•Street Address				
City	State	Zıp	.City	State	Zip		
			•				
8. RESIDENT AGE	NT IN RHODE ISLA:	D-DO NOT ALTER-Ch	angés require filing of F	orm 642 R.I.GL.7	16-11-6-2-78-3-78-2-76-3		
Agent Name	_		Address				
BRIAN G. BARD	ORF, ESQ.		36 WASHINGTON	SQUARE			
Address			City	City Zip			
			NEWPORT 02840				

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



*97088 DLL	C 10/11/05 10:11:45 AM*	
File Date	11-09-05	
Check No	1629	
Β <u>ν</u>	100	
FOR SECRETA	RY 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



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 TY							
1. ID No. 97088		t name of the lit NVIEW FA	mited liability company RM LLC				
3. State of Formation 4. Brief description of the character of the but			business which is actually condu	icted in Rhode Island			
RHODE ISLAND ORGANIC FARMING							
5. Principal office ad	dress	•		City	State	Zip	
8 SYLVAN STREET				NEWPORT	RI	02840	
6. MAILING AD Contact Name CRAIG N TOTT		FLIMITED	LIABILITY COMPA	NY AND NAME OR TIT	LE OF CONTACT PE	RSON:	
Street Address				City	State	Zip	
8 SYLVAN ST.				NEWPORT	RI	02840-	
Monoger Name Craig N. Tot			PACES BEFORE USING 5 TO MANAGERS REQUI	RES FILING OF AMENDMEN  • Manager Name	OX FOR ATTACHMENT) [ IT. R.I.G.L 7-16-12 (a) (2) [	•	
Street Address			<del></del> ·	Sireet Address	·		
8 Sylvan St.				•			
City		State	Zip	*City	State	Zip	
Newport		RI	02840	•			
Monager Name	• • • •	• • • • • • •		Manager Name			
Sireet Address			·Street Address				
City		State	Zıp	City	State	Zip	
8. RESIDENT AGI	ENT IN RI	HODE ISLAN	D-DO NOT ALTER- Ch	anges require filing o	f Form 642 - R.I.GI., 7-	-16-11	
Agent Name		, <b>,</b> _		Address			
BRIAN G. BARI	OORF			130 BELLEVUE	AVENUE		
Address				City	Z	ip	
				NEWPORT		02840	

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



*97088 DLLC 09/20/04 01:27:30 PM*	
File Date 10 26 104	_
Check No. 1559	_
By: \( \sqrt{\sin\sint\sint\sint\}}}}}}}}} \sqrt{\sqrt{\sqrt{\sint\sint\sintitta}\sintinity}}}}}}} \end{\sqrt{\sqrt{\sintitta}\sintitta}\sintitititit{\sintitita\sintititit{\sintitit{\sintitit{\sintitit{\sintikt}}}}}}}} \end{\sqrt{\sintitta}\sintitta}\sintititit{\sintitititititititititititititititititit	_
FOR SECRETARY OF STATE USE ONLY	_

Under penalty of perjury, I declare and this report, including any accompanying		
and that all statements contained herein		
	g //	10/04
Signature of Authorized Person	Date	7777
Print or Type Name of Authorized Person		Form 637 Rev 600



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: Septe	mher 1 - November	1 • Filing Fee: \$50	0.00		<del></del>		
(FORM MUST BE TYPE	ED OR PRINTED IN BI						
1. ID No. 97088		name of the limited liabilty company NVIEW FARM LLC					
3. State of Formation	4. Brief descri	otion of the character of the	business which is actually conduct	ed in Rhode Island	<del></del>		
RHODE ISLAND	ORGANIC	FARMING					
5. Principal office addn	ess	<del>-</del>	City	State	Zip		
8 SYLVAN STRE	ET		NEWPORT	RI	02840		
6. MAILING ADDI Contact Name CRAIG N TOTTE		LIABILITY COMPA	NY AND NAME OR TITL Contact Title	E OF CONTACT P	ERSON:		
Street Address			City	State	Zip		
8 SYLVAN ST.			NEWPORT	RI	02840-		
Manager Name Craig N. Totte		TO MANAGENS REQU	• Manager Name	FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52  • Manager Name			
Street Address	<del></del>	<u> </u>	Street Address				
8 Sylvan Stree	et		•				
City Newport	State R I	Zip 02840	*City	State	Zip		
Manager Name	J		*Manager Name				
Street Address			· Street Address				
City	State	Zip	Cuy	State	Zip		
8. RESIDENT AGEN	T IN RHODE ISLAN	D-DO NOT ALTER- Ch	anges require filing of	Form 642 - RIGI	7-16-11		
Agent Name			Address				
BRIAN G. BARDO	ORF		130 BELLEVUE	130 BELLEVUE AVENUE			
Address		· · · · · · · · · · · · · · · · · · ·	City	<del></del>	Zip		
	<u>_</u>		NEWPORT		02840		

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



*97088 DLLC 09/09/03 01:16:48 PM*
File Date 10/28/03
Check No. 1479
B <sub>Y</sub> .
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and		
this report, including any accompanying and that all statements contained herein		
	Hom	10/20/12
Signature of Authorized Person	Date	- 1 - 1 - 1
Print or Type Name of Authorized Person		
Print or Type Name of Authorized Person		

Form 632 Rev. 6/02



(FORM MUST BE TYPED OR PRINTED IN BLACK)

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

S. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Ontact Name  RAIG N TOTTEN  THE ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY. IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)  ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52  AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY. IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)  ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52  AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY. IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENT ("X" BOX FOR ATTACHMENT)  ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52  ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52  AND ADDRESS OF LIMITED LIABILITY COMPANY. IF APPLICABLE  AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY. IF APPLICABLE  ANY MODIFICATIONS TO MANAGER NATION OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52  ANY MODIFICATIONS TO MANAGER NATION OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52  ANY MODIFICATIONS TO MANAGER OF THE LIMITED LIABILITY COMPANY. IF APPLICABLE  ANY MODIFICATIONS TO MANAGER OF THE LIMITED LIABILITY COMPANY. IF APPLICABLE  ANY MODIFICATIONS TO MANAGER OF THE LIMITED LIABILITY COMPANY. IF APPLICABLE  ANY MODIFICATIONS TO MANAGER OF THE LIMITED LIABILITY COMPANY. IF APPLICABLE  ANY MODIFICATIONS TO MANAGER OF THE LIMITED LIABILITY COMPANY. IF APPLICABLE  ANY MODIFICATIONS TO MANAGER OF THE LIMITED LIABILITY COMPANY. IF APPLICABLE  ANY MODIFICATIONS TO MANAGER OF THE LIMITED LIABILITY COMPANY. IF APPLICABLE  ANY MODIFICATIONS TO MANAGER OF THE LIMITED LIABILITY COMPANY. IF APPLICABLE  ANY MODIFICATIONS TO MANAGER OF THE LIMITED LIABILITY COMPANY. IF APPLICABLE  ANY MODIFICATIONS TO MANAGER OF THE LIMITED LIABILITY COMPANY. IF APPLICABLE  ANY MODIFICATIONS TO MANAGER OF THE LIMITED	State of Commender	GREENVIE	N FARM	liabilty company LLC			
SYLVAN STREET    NEWPORT   RI   02840	•	4. Brief ORGAI	description NIC FARM	of the character of the busi IING	iness which is actually conduc	ted in Rhode Island	
ANAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Title  Contac			<del>-</del>		City	State	Zip
Contact Title  RAIG N TOTTEN  REAL OF THE LIMITED LIABILITY COMPANY. IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)  ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L.7-16-12 (a) (2) / 7-16-52  ANAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY. IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)  ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L.7-16-12 (a) (2) / 7-16-52  Address  Street Address  Total  State  Zip  RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER- Changes RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER- Changes RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER- Changes RIAN G. BARDORF  130 BELLEVUE AVENUE	SYLVAN STRE	ET			NEWPORT	RI	
SYLVAN ST.  NEWPORT RI  02840-  NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY. IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS (*X" BOX FOR ATTACHMENT)   ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L.7-16-12 (a) (2) / 7-16-52  ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L.7-16-12 (a) (2) / 7-16-52  **Manager Name**  **Manager Name**  **Street Address**  **Street Address**  **Street Address**  **Street Address**  **Treet Address**  **Street Address**  *	ontact Name		ITED LI	BILITY COMPANY		E OF CONTACT	PERSON:
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L.T-16-12 (a) (2) / 7-16-52  ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L.T-16-12 (a) (2) / 7-16-52  AMONOGER Name  *Manager Name  *Street Address  *Street					• '		
Address  RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes  RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes  RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes  RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER - Changes  RESIDENT AGENT AGENT AGENT - RHODE ISLAND - RH	NAME AND ADI	FIL	L IN SPAC	es before using at	TACHMENTS ("X" BO.	X FOR ATTACHMENT	n 🗖 .
CRAIG N. TOTTEN  Preel Address  8 Sylvan Street  State RI  O 2840  City Newport Janager Name  Manager Name  State  Street Address	anager Name	ANY MODIFICA	TIONS TO	MANAGERS REQUIRE		T. R.I.G.L 7-16-12 (a)	(2) / 7-16-52
8 Sylvan Street  ity Newport RI  02840  Manager Name  Manager Name  Street Address  Street Address  Street Address  City State Zip  City State Zip  Address  RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filling of Form 642 - R.I.G.L. 7-16-11  RESIDENT Name BRIAN G. BARDORF  City Zip  Zip  Zip  Zip  Zip  Zip  Zip	-	OTTEN			• manager Name •		
Newport RI 02840  Manager Name  Street Address  Street Address  City State Zip  RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11  Rent Name  BRIAN G. BARDORF  City Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zip	<del>-</del>	treet			• Street Address		
Street Address  Street Address  City  State  Zip  City  State  Zip  RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11  gent Name  BRIAN G. BARDORF  130 BELLEVUE AVENUE  Zip	<del>.</del>	State	RI	Zip 02840	*City	State	Zip
RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 gent Name BRIAN G. BARDORF 130 BELLEVUE AVENUE  Zip  Zip	fanager Name		• • • • •	• • • • • • • • • •	Manager Name	• • • • • !• • • • •	• • • • • • • • • • • • • •
RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11  Address BRIAN G. BARDORF  130 BELLEVUE AVENUE  City  Zip					•Street Address .		
BRIAN G. BARDORF  130 BELLEVUE AVENUE  ddress  City  Zip	iiņ -	State		Zip	Ciry	State	Zip
BRIAN G. BARDORF  130 BELLEVUE AVENUE  City  Zip	RESIDENT AGEN	T IN RHODE I	SLAND -	O NOT ALTER- Chan	ges require filing of	Form 642 - R.I.G.	L. 7-16-11
ddress City Zip	sent Name				Address		
	•	205					
NEWPORT 02840	BRIAN G. BARDO	ORF				AVENUE	<b></b>
	BRIAN G. BARDO	ORF	<del>_</del>		City	AVENUE	1
	Dent Name	T IN RHODE I	SLAND -L	OO NOT ALTER- Chan		Form 642 - R.I.G.	L. 7-16-11

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

#### ್ಕಾರ್ಮ್ ಕ

### LIMITED LIABILITY COMPANY

ID	Number DLLC 97088	Annual Report for the year 2001			
1.	The name of the limited liability compar	ny is:			
	GREENVIEW FARM LLC				
2.	The address of the principal office of the	e 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.	4. The name and address of its resident agent is: BRIAN G. BARDORF				
	130 BELLEVUE AVENUE NEWPORT				
5.	8 Sylvan G	ed liability company and the name or title of a person to whom communications  Street, Newport, RI 02840, Craig N. Totten			
	state: Organic Fa				
7.	If the limited liability company has mana Name	agers, the name and address of each manager of the limited liability company  Address			
	Craig N. Totten, Member	8 Sylvan Street, Newport, RI 02840			
Dat	g 7 0 8 8	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			
	FOR SECRETARY OF STATE USE ONLY Date: /O-2Lo-0/	By Craig N. Totten			
Chec	ck No.: / 880	Member Title			
Ву:	2	Form No. 632 Revised 01/99			

DETACH BOTTOM BEFORE RETURNING

Filiog 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

	Li	MITED LIABILITY COMPANY					
O	Number LL 97088	Annual Report for the year 2000					
۱.	The name of the limited liability compan	y is:					
2.	The address of the principal office of the limited liability company is:						
٠.	8 Sylvan Street, Newport The state or other jurisdiction under the	laws of which it is formed is: RHODE ISLAND					
•	The name and address of its resident ag  130 Bellevue Avenue, News						
•		limited liability company and the name or title of a person to whom 8 Sylvan Street, Newport, RI 02840, Craig N. Tott					
	state: Organic farming	e business in which the limited liability company is actually engaged in this nagers, the name and address of each manager of the limited liability					
	Name	Address					
	Craig N. Totten, Member	8 Sylvan Street, Newport, RI 02840					
at	10/07 712267	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					

Form No. LLC-19 Revised 8/97 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

		ED EIRBIEIT I OOMI AITT
ID	Number <u>LL 97088</u>	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 limit  8 Sylvan Street, Newpo	, , ,
<ul><li>3.</li><li>4.</li></ul>	The state or other jurisdiction under the laws  The name and address of its resident agent i	<del> </del>
	130 BELLEVUE AVENUE NEWPORT, RIC	
<ol> <li>5.</li> <li>6.</li> </ol>	May be directed are: 8 Sylvan Stree  A brief statement of the character of the but	bility company and the name or title of a person to whom communications  t, Newport, RI 02840, Craig N. Totten, Member  usiness in which the limited liability company is actually engaged in this
7.	state: Organic Farming  If the limited liability company has managers Craig N. Totten	the name and address of each manager of the limited liability company 8 Sylvan Street, Newport, RI UZ84U
	ted 10.6.99  * 9 7 0 8 8 *  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.  Greenview Farm LLC  Exact Name of Limited Liability Company  By
	Date: 10-19-99  ock No.: 1100  AMF	Craig N Totten Member  Title 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

LIMITED LIABILITY COMPANY		
ID	Number LL 97088	Annual Report for the year 1998
1.	The name of the limited liability com	pany is:
2.	The address of the principal office of 8 Sylvan Street, Newport	
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 47 LONG WHARF MALL NEWPOR	
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	
	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	Address  8 Sylvan Street, Newport, RI 02840
Date	* 9 7 0 8 8 *	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  Fract Name of Limited Liability Company
1 110 1	OR SECRETARY OF STATE USE ONLY Date:  k No.:  OCT 2 1 1998  VIOLEN  BECV OF 1	By Craig N. Totten  Member  Title