

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

80090	2. Name of Corpo	ration					
	Littlefield Be						
3. Street Address Principal Bu	siness Office		City	State	724		
724 CORN NECK RO	AD, P.O. BOX	514	BLOCK ISLAND	RI	Ζφ		
1. Business Phone No.		5. State of Incorpor			02807		
4014665364		RHODE ISLA			6. SIC Code		
7. Brief Description of the Cha TO ENGAGE IN ALL P.	racter of Business Conc ARMING ACTIVIT	during to Phade Island		· · · · · · · · · · · · · · · · · · ·	1990		
			RATTACHMENT) FILL IN ST	ACES BEFORE LIGHT			
President Name Susan J. Littefie		To the Branch Branch A	Vice President Name	ACES DEFORE USING	TACHMENTS		
Treet Address	:1a		<u> </u>				
724 Corn Neck Roa	id P.O. Boy (E 1 4	Street Address	<u> </u>			
City	State		·				
Block Island	RI	<i>Σφ</i> 02807	City	State	Zip		
		• • • • • • • • • • •	Treasurer Name		!		
Christopher W. Li	ttefield		Susan J. Littef	ield			
Street Address			Street Address		 		
724 Corn Neck Roa			.724 Corn Neck R	load, P.O. Box 5	14		
Block Island	State	Zip	City	State	Zip		
	RI	02807	.Block Island	RI	1 '		
Olrector Name	SIS OF THE DIKE	CTORS "X" BOX FO	ORATTACHMENT FILL IN	SPACES BEFORE USING	ATTACHMENTS		
Susan J. Littefie			, Director Name				
creet Address				Christopher W. Littefield			
24 Corn Neck Roa	d. P.O. Boy 5	.14	Street Address		1		
ity	State		724 Corn Neck R		14 CO		
Slock Island	RI	21p 02807	·City	State	Z <u>rp</u> ¬		
irector Name	. J 	102007	Block Island	RI	02807		
			Director Name		···		
reet Address	-		· Street Address		<u> </u>		
			· Soeel Maarets				
lty	State	Zip	City	State	ZIp		
- U			•	John S	Lip		
0. SHARES AUTHORIZI	ED CX" BOX FOR A	ITACHMENT)	11. SHARES ISSUED ("X"	" ROY FOR ATTACHIER			
UTHORIZED SHARES umber of Shares			ISSUED SHARES	DOX FOR AUTACHMEN	<u>″⊔</u>		
under of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
,000 \$.01 PAR VALUE		_	100				
			100	Common	\$.01 P/V		
					}		
	d in ink by either	the President, Vice	President, Secretary, Assist	tant Secretary Treasu	rer Receiver on Tr		
	d in ink by either	the President, Vice	President, Secretary, Assist	tant Secretary, Treasu	rer, Receiver or Tri		
	d in ink by either	the President, Vice	President, Secretary, Assist	tant Secretary, Treasu	rer, Receiver or Tri		
	d in ink by either	the President, Vice	President, Secretary, Assist	tant Secretary, Treasu	rer, Receiver or Tri		
	d in ink by either	the President, Vice					
	d in ink by either	the President, Vice	Under penalty of perju	ury, I declare and affirm :	hat I have examined		
is report must be signe	9 0	the President, Vice	Under penalty of perjutive to the state of t	ury, I declare and affirm t any accompanying schedu	hat I have examined		
80090 DBC 01/06/05	9 0	the President, Vice	Under penalty of perjutive to the state of t	ury, I declare and affirm :	hat I have examined		
80090 DBC 01/06/05	9 0	the President, Vice	Under penalty of perjutive to the state of t	ury, I declare and affirm t any accompanying schedu	hat I have examined		
80090 DBC 01/06/05	9 0	the President, Vice	Under penalty of pening this report, including and that all statements	ury, I declare and affirm tany accompanying scheducontained herein are true	hat I have examined		
80090 DBC 01/06/05	9 0	the President, Vice	Under penalty of pening this report, including and that all statements	ury, I declare and affirm tany accompanying scheducontained herein are true	hat I have examined		
80090 DBC 01/06/05 theck No. 1608	9 0	the President, Vice	Under penalty of penjuthis report, including and that all statements of Ufficer John S. Pfar	ury, I declare and affirm tany accompanying scheducontained herein are true	hat I have examined		
	11:23:10 AM*	the President, Vice	Under penalty of pening this report, including and that all statements	ury, I declare and affirm to any accompanying scheducontained herein are true	hat I have examined		

Addendum to Annual Report

Additional Officers:

Assistant Secretary

John S. Pfarr 37 Sunset Terrace Essex, CT 06426

Assistant Secretary

K. Erik Wallin 228 High Street Wakefield, RI 02879



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004 Filing Period: January 1 - March 1 Filing Fee: \$50.00

(FORM MUST BE TYPED IN BI 1. Corporate ID No.	LACK)	•		· · · · · · · · · · · · · · · · · · ·		
1. Corporate 1D No. 80090	2. Name of Corpor Littlefield Be					
3. Street Address Principal Busine	•		City	State	Zip	
724 CORN NECK ROAL		514	BLOCK ISLAND	RI	02807	
4. Business Phone No.	<u> </u>	5. State of Incorpora		1112	6. SIC Code	
401-466-5364		RHODE ISLA			1990	
7. Brief Description of the Charac TO ENGAGE IN ALL FAR	ter of Business Con MING ACTIVIT	ducted in Rhode Island IBS .			——————————————————————————————————————	
8. NAMES AND ADDRESS President Name	ES OF THE OFF	ICERS ('X" BOX FOR	ATTACHMENT) FILL IN SPA	CEŞ BEFORE USINGA	TTACHMENTS	
Susan J. Littlefie	ld		·			
Street Address			Street Address	· 	····	
724 CORN NECK ROAD	, P.O. BOX	514	•			
Ciry	State	Zip	City	State	¹ Zip	
BLOCK ISLAND	RI	02807		Labor	مرمت ا	
Secretary Name	· · · · · · · · · · · · · · · · · · ·		Treasurer Name		 .	
Christopher N. Lit	tlefield		Susan J. Littlef	ield		
Street Address			Street Address		· · · · · · · · · · · · · · · · · · ·	
724 CORN NECK ROAD	, P.O. BOX	514	.72 WEST SIDE ROA	ר ארם חם	1	
Ciry	State	Zip				
BLOCK ISLAND	RI	02807	City	State	Zip	
	1	I '	. BLOCK ISLAND	RI	02807	
9. NAMES AND ADDRESS	SOF THE DIK	CTORS ("X" BOX FO	RATTACHMENT) FILL IN SP	ACES BEFORE USING	ATTACHMENTS	
	د.		Director Name			
Susan J. Littlefie	ıa		Christopher N. L	ittlefield		
Street Address			· Street Address			
724 CORN NECK ROAD	, P.O. BOX !	514	724 CORN NECK RO	AD, P.O. BOX 5	14	
City	State	Zip	·City	State	Zip	
BLOCK ISLAND	RI	02807	BLOCK ISLAND	RI	02807	
Director Name		•••••	Director Name		<i></i>	
Street Address			· Street Address			
City	State	Zip	·City	16	17/0	
··· ·		J.Sp	·	State	Zip	
10. SHARES AUTHORIZE	O ("X" BOX FOR	TTACHMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHMEN	77 N	
AUTHORIZED SHARES			ISSUED SHARES		<u> </u>	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
8,000 \$.01 PAR VALUE			100	Common	\$.01 P/V	
					7172 -//	
This report must be signed	in ink by eithe	r the President, Vice	President, Secretary, Assista	ant Secretary. Treasi	urer. Receiver or T	
	_ ,			222. 2.3. 3, 2. 0400	,	
81 18111 88115 8811B	12111 861					
8 0 0 9	0		Under penalty of perju	ry, I declare and affirm	that I have examined	
				ny accompanying sched		

80090 DBC 02/18/04,09:06:36 PM File Date Check No. V/ml FOR SECRETARY OF STATE USE ONLY

and that all statements contained herein are true and correct.

Signature of Officer

2/20/04 Date /

John S. Pfarr Printer Type Name of Officer

Assistant Secretary Title of Officer

Form 630 12/01

Addendum to Annual Report

Additional Officers:

Assistant Secretary

John S. Pfarr 37 Sunset Terrace Essex, CT 06426

Assistant Secretary

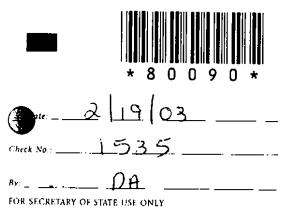
K. Erik Wallin 228 High Street Wakefield, RI 02879

Edward S. Inman, III. Secretary of Sta Corporations Divini 100 North Main Street, Providence, RI 02903-13: 401-222-30-

allowa) MUST BE TYPED OR PRIN	TED IN BLACKS				INSTRUCT
	porate ID No.	2. Name of Corporati	ion			
•	80090	Littlefield Be				
3 Street	et Address Principal Busines		e railli, IIIC.	Cify	Stute	•
	724 Corn Neck Rd	POBox 514		Block Island	State	Zip 0300 3
4. Busi	ness Phone No.	,	5. State of Incorporation		RI	02807 6. SIC Code
7. Brief	401-466-5364 Description of the Characte	er of Business Conducted in	RHODE ISLAN	D		1990
	Farming activiti	es				
	AMES AND ADDRES	SSES OF THE OFFIC	CERS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES B XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	EFORE USING ATTACHS	MENTS
Street A				John S. Pfarr Street Address		
	724 Corn Neck	Rd., PO Box 514		319 Hope St., 1	st Floor	
City	D1 1 7 7 1	State	Zip	City	State	Zip
	Block Island	RI	02807	Providence	RI	02906
Secretai	ry Name	.		Treasurer Name		
	Christopher N.	Littlefield		Susan J	Littlefield	
Street A				Street Address		
	724 Corn Neck I	Rd., PO Box 514		7	24 Corn Neck Rd., PO	Box 514
City	DI 171 1	State	Zip	City	State	Zip
	Block Island	RI	02807	Block Island	RI	02807
9. NA Director			CTORS (*X* BOX FOR AT	TACHMENT) FILL IN SPACES Director Name	BEFORE USING AFTAC	HMENTS
	724 Corn Neck R	ld., PO Box 514		Street Address		
City	Block Island	State RI	^{21p} 02807	City	State	Zip
Director	Christopher N. L	ittlefield		Director Name		
Street A	ddress			Street Address		
	724 Corn Neck R	d., PO Box 514				
City		State	Zip	City	State	Zip
	Block Island	RI	02807			
10. SI	TARES AUTHORIZE	D ("X" BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED (*X	BOX FOR ATTACHMENT)	
	UZED SHARES			ISSUED SHARES		
Sumber	of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,00	0 \$.01 PAR VALUE			100	common	S.01 par valu

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Title of Officer



			declare and companyi				
hat all st	atement Officer	contained C S. S. Pfarr	Prigin ai	e true ;	Date	ect.	. <u></u>
ront or The							
	_ Asst.	Secr <u>et</u> ar	:У	_			_

Form 630 12/92

Edward S. Inman, III. Secretary of St. Corporations Divisi.

100 North Main Street, Providence, RI 02903-13: 401-222-30-

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 •

UFORM											
	M MUST RE TYPED IN R										INSTRUCT
I. Corp	porate ID No.	2. Na	me of Corpora	tion							
	80090	L	ittlefield B	ee Farm, I	nc.						
3. Stree	et Address Principal Busine 724 Corn Neck R	ec Office				City	Block Island	State	n.	Zip	
4. Busii	ness Phone No.			c c.	ata of turners		DIOCK ISIANO		RI		02807
	401-466-5364				nte of Incorporation RHODE ISLANI					6. SIC Ca	ode
7. Brief	Description of the Charact Farming activi	er of Ausines. ties	s Conducted Ir	1 Rhode Islan	MIODE ISLANI	J				1	990
8. NA	MES AND ADDRE	SSES OF	THE OFFI	CEDS (ev.							
Presiden	nt Name	33E3 OF	THE OFFI	CERS (*X	' BOX FOR ATTAC	CHMENT) .XXX	FILL IN SPACES I ASSI XXXXXXX	JEFORE US U	NG ATTACH	MENTS	
	Susan J. Little	field				(TRETT	John S. Pfarr	STAINT SE	CKETAKY	•	
Street Ac	ddress 724 Com North	D.I. D.O.	.			•					
City	^{ddress} 724 Corn Neck		Box 514			Street /	319 Hope St.,	1st Floor			
	Block Island	State	RI	Zip	02807	City	Providence	State RI		21p 02906	, •
Secretary	Christopher N.	Littlefiel	ld	• •	• • •	Treasur	r Name Susan J	J. Littlesield	1		
Street Ad		D.J. D.O.	5			Street A	ddeess				
	724 Corn Neck	Ka., PO	Box 514					724 Corn N	eck Rd., PC) Roy 514	
City	Block Island	State	RI	Zip (02807	City F	liock Island	State RI	,	^{Zig} 02807	
9. NA	MES AND ADDRES	SES OF T	HE DIREC	TORS (*)	X* BOY FOR ATT						
Director	^{Nam} Susan J. Littlefi	eld		,,	. DON FOR ATTA	Director	FILL IN SPACES	BEFORE US	ING ATTACI	HMENTS	
Street Add	dre 724 Corn Neck 1	Rd., PO E	30x 514			Street Ac	diess				
City	Block Island	State	Ri	Zip	02807	City		State		2 in	
City	Block Island	State		Zip	02807	City	Name .	State		21p	
Gily Director N	Block Island ^{Van} Christopher N. I	State		Zip	02807		Name	State		Zip	
City	Block Island ^{Van} Christopher N. I	State Littlefield		Zip	02807		•	State		Zip	
Gity Director N Street Add	Block Island Van Christopher N. I fress 724 Corn Neck F	State Littlefield			02807	Director Street Ad	•	Stale		71p	
City Director N	Block Island Van Christopher N. I	State Littlefield Rd., PO B		zip zip 028	·· • · · · · · · •	Director	•	State		Zip Zip	
Gity Director N Street Add	Block Island Van Christopher N. I fress 724 Corn Neck F Block Island	State Littlefield Rd., PO B State	ox 514 RI	Zip 028	·· • · · · · · · •	Director Street Ad	diess	State			
Gity Director N Street Add	Block Island Vance Christopher N. I Tress 724 Corn Neck F Block Island ARES AUTHORIZEI	State Littlefield Rd., PO B State	ox 514 RI	Zip 028	·· • · · · · · · •	Director Street Ad City 11. SH	diess ARES ISSUED (*x*	State	ACHMENT)		
City Director N Street Add City 10. SHA	Block Island VarChristopher N. I VarChristopher N. Island VarChristopher N. I VarChristophe	State Littlefield Rd., PO B State	OX 514 RI FOR ATTACK	Zip 028 HMENT)	07	Director Street Ad City 11. SH	diess ARES ISSUED (*x* arfs	State	ACHMENT)		
Director N Street Add City 10. SHA AUTHORIZE	Block Island VarChristopher N. I VarChristopher N. Island VarChristopher N. I VarChristophe	State Littlefield Rd., PO B State O ("X" BOX	OX 514 RI FOR ATTACK	Zip 028	07	Director Street Ad City 11. SH	diess ARES ISSUED (*x* arfs	State		Zip Par Value	par value

his report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date:	Lo-6-02	
riie Date:		
Check No.:	£183	
îy:	AMF	
OR SECRETARY (OF STATE USE ONLY	

Under penalty of perfury, I declare and affirm that I have examined this seport, including any accompanying schedules and statements, and that all statements contained herein are true and correct. Signature of O Title of Officer **₹>** 5

Form 630 12101

Corporations Divis 100 North Main Street, Providence, RI 02903-1. 401-222-31

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filling Period: January 1-March 1 • Filling Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 80090

3. Street Address Principal Business Office 724 Corn Neck Rd., PO Box 514

City

Block Island

ENT) — FILL IN SPACES BEFOR AXYAXIAXXIAX ASSISTAN

John S. Pfarr

State

RI

02807

4. Business Phone No.

City

City

City

Street Addres

401-466-5364

State of incorporation RHODE ISLAND

^{6.} ዛቃቃዊ

7. Brief Description of the Character of Business Conducted in Rhode Island Farming activities

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name

Susan J. Littlefield

Street Address 724 Corn Neck Rd., PO Box 514

Block Island

State

RI

Zip 02807

Providence

Block Island

State RI

02906

Secretary Name Christopher N. Littlesield

724 Corn Neck Rd., PO Box 514

Block Island

RI

02807

Street Address

Street Address

Director Name

Street Address

Treasurer Name

724 Corn Neck Rd., PO Box 514

Susan J. Littlefield

154 Waterman St., 3rd floor

02807

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Nu Christopher N. Littlesield Director Name

Street Addic 124 Corn Neck Rd., PO Box 514

Block Island

RI

02807

City

State

Zip

Director Na Susan J. Littlefield

Street Address 724 Corn Neck Rd., PO Box 514

City

Block Island

8,000 \$.01 PAR VALUE

RI

^{ፖ(ያ} በ28በ7

City

State

ZIp

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

ISSUED SHARES Number of Shares

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

Class/Series

Par Value

100

common

\$.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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 statements contained herein are true and correct.

Form 630 12/00

James R. Langevin, Secretary of Si Corporations Divis 100 North Main Street, Providence, RI 02903-1: 401-222-31

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 . Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1.	Corporate	ID	No.
	-	- 8	0000

Number of Shares

8,000 SHS \$.01 PAR VALUE

2. Name of Corporation

Littlefield Bee Farm, Inc.

	· · •				
3. Street Address Principal Business O 724 Corn Neck	Road, P.O.	Box 514	City Block Island	State RI	^{Zip} 02807
4. Business Phone No. (401) 466-5364		5. State of incorporation RHODE ISLAND		-12	6. 1/ 5 5%
7. Brief Description of the Character of other lawful purp	of Business Conducted in	Rhode Island To engage d under the laws	e in all farming a of the State of R	ctivities, toge	ther with al
8. NAMES AND ADDRESS President Name Susan J. Littl Street Address 724 Corn Neck City Block Island Secretary Name Christopher N.	efield Road, P.O. State RI	CERS ("X" BOX FOR ATTACH BOX 514 21p 02807	MENT) X FILL IN SPACES I MAKHIMMAN ASS John S. Pfarr Street Address 154 Waterman City Providence Treasurer Name Susan J. Litt	st., 3rd floo	ary
Street Address 724 Corn Neck City Block Island	Road, P.O. State RI	Box 514 zip 02807	Street Address 724 Corn Neck City Block Island		30x 514 z _{ip} 02807
9. NAMES AND ADDRESSI Director Name Susan J. Littl Street Address 724 Corn Neck	efield		Director Name Christopher N Street Address		CHMENTS
City Block Island Director Name	State RI	02807	724 Corn Neck City Block Island Director Name	State RI	zip 02807
Street Address			Street Address		
City	State	Zip	City	State	Zip ·
10. SHARES AUTHORIZED NUTHORIZED SHARES	("X" BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED (*)	C BOX FOR ATTACHMENT)	ı

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Truste

Number of Shares

100



Class/Series

Par Value

File Date:		IN 0 8 2000	
Check No.:	SEC	Y OF STATE	
Ву:		242637	
FOR SECRETARY	OF STATE HE	T 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.

3/1/00

Signature of Officer

Date

Class/Series

COMMON

Par Value

\$0.01

John S.		
7-1/-	'	

Assistant Secretary
Title of Officer

Littlefield Bee Farm, Inc. CORPORATE ID NO. 80090 Annual Report for the year 2000

The Name of the Additional Officer is:

Assistant Secretary: K. Erik Wallin

461 Chapel Street

P.O. Box 429

Block Island, RI 02807

James R. Langevin, Secretary of St Corporations Divis 100 North Main Street, Providence, RI 02903-1. 401-222-30

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Time Terrou. Junuary 1-March 1	•	Filing Fee: \$50.00
(FORM MUST BE TYPED IN BLACK)		

1. Corporate ID No. 80090	2. Name of Corpo	Bee Farm, Inc.			
3. Street Address Principal Bus.	iness Office		City	State	7 ie
/24 Corn Ne	ck Road, P.(D. Box 514	Block Isl	and RI	zip 02807
4. Business Phone No. (401) 466-5		5. State of Incorporate RHODE ISL	AND		6. SIC Code
			age in all farming s of the State of	activities, tog Rhode Island.	ether with all
B. NAMES AND ADDI Presideni Name Susan J. Littl Siteet Address	RESSES OF THE OFI	FICERS (*X* BOX FOR AT	TACHMENT) FILLIN SPAC Жикижикий А: John S. P:	es before using atta ssistant Secre farr	ACHMENTS etary
724 Corn Neck	Road, P.O. Box	c· 514	Street Address 120 Wa	ayland Avenue	
Block Island	State RI	^{z.ip} 0280 7	Providence	State RI	^{zip} 02906
Christopher			Treasurer Name Susan J.] Street Address	Littlefield	· · · · · · · · · · · · · · · · · · ·
724 Corn Nec	K Road, P.O			Neck Road, P.O	Box 514
Block Island	RI	02807	Block Isla	State and RI	zιρ - 02807
. NAMES AND ADDR	ESSES OF THE DIR	ECTORS (*x* BOX FOR)	ATTACHMENT) FILE, IN SPA	CES BEFORE USING AT	TACHMENTS
Susan J. Li	ttlefield		- · · · · · · · ·	er N. Littlefi	eld
724 Corn Ne	eck Road, PO	Box 514		Neck Road, PO	
Block Islan Grector Name	d RI	02807	Block Isla	state and RI	2ip 02807
reet Address			Street Address		
lty	State	Zip	City	State	7.1p
D. SHARES AUTHORIZ JIHORUZED SHARES	ZED ("X" BOX FOR ATT.	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	<i>T)</i>
imber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
omoer of Shares				•	

Th e President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

. 1

	* 8 0 0 9 0 *
File Date:	Hard1,99
Check No.:	4 1275
By:FOR SECRETARY OF ST	30

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and hat all statements contained herein are true and correct.

e of Officer

<u>John S. P</u>farr Ptttl or Type Name of Officer

Assistant Secretary Title of Officer

Form 31 12/96

James R. Langevin, Secretary of St Corporations Divis 100 North Main Street, Providence, RI 02903-1; 401-277-36

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998



the

(FORM MUST BE TYPED IN BLACK)

	_			
,	C	borate	***	

2. Name of Corporation

80090 3. Street Address Principal Business O	Littlefleld E	lee Farm, Inc.	_		
724 Corn Neck I		30x 514	Block Island	State RI	^{Zip} 02807
4. Business Phone No. (401) 466-5364		5. State of Incorporation			6. SIC Code
	f Business Continues	RHODE ISLA	ND		
8. NAMES AND ADDRESS	of Rhode I	ivities, togethe sland. ICERS ('X' BOX FOR ATTA	ND r with all other lawf ^{CHMENT)}	ul purposes	allowed under
President Name Susan J. Littl				istant Secr	retary
Street Address 724 Corn Neck		3oc 514	Street Address 120 Wayland Av	venue	
Block Island	State RI	21p 02807	^{City} Providence	State RI	^{Zip} 02906
Secretary Name Christopher N.	Littlefi	eld	Deasurer Name Susan J. Litt		
724 Corn Neck	Rd., PO E	30x 514	Street Address 724 Corn Neck	Rd. PO Bo	ox 514
Block Island	State RI	zip 02807	City Block Island	State RI	Zip 02807
9. NAMES AND ADDRESSE Director Name	S OF THE DIRE	CTORS ("X" BOX FOR AT	TACHMENT)		02007
Susan J. Littl	efield		Christopher N.	. Littlefie	eld
724 Corn Neck		ox 514	Street Address 724 Corn Neck	Rd., PO Bo	ox 514
Block Island	State RI	zıp 02807	City Block Island	State RI	^{Zip} 02807
litector Name	• .		Director Name		
treet Address			Street Address	-	
ity	State	Zip	City	State	Zip
O. SHARES AUTHORIZED (UTHORIZED STARIS	"X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X" BI	OX FOR ATTACHMENT	r)
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 SHS \$.01 PAR VA	ALUE		100	Common	\$0.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

 _	4.7.98
File Date: Check No.: _	1118
By:	149
FOR SECRET	ARY 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 vatements contain	ned herein are true and correct.
Les-Va	1/30/98
Signature of Officer	Date
John S. Pfa	rr
Print & De Name of Officer	

Assistant Secretary
Title of Officer

Form 11 12 / 96

James R. Langevin, Secretary of S Corporations Divi: 100 North Main Street, Providence, RI 02903-1. 401-277-3

PROFIT CORPORATION ANNUAL REPORT 1997 Filling Period: January 1-March 1 • Filling Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

80090

Littlefield Bee Farm, Inc.

3. Street Address Principal Business Office

724 Corn Neck Road, P.O. Box 514

City Block Island

Sinte

7.10

4. Business Phone No.

5. State of incorporation

RI

02807 6. SIC Code

(401) 466-5364

RHODE ISLAND

1990

7. Brief Description of the Character of Business Conducted in Rhode Island

To engage in all farming activities, together with all other lawful purposes allowed under the laws of the State of

Block Island

Street Address

Secretary Name

Street Address

City

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name

Susan J. Littlefield

724 Corn Neck Rd., PO Box 514

State

R T

210

02807

Providence

John S. Pfarr

RI

RI

Zip 02906

Treasurer Name

Street Address

Susan J. Littlefield

120 Wayland Avenue

Street Address

724 Corn Neck Rd., PO Box 514

Christopher N. Littlefield

City

State

02807

Block Island RΙ 02807 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name

Susan J. Littlefield

Street Address

724 Corn Neck Rd., PO Box 514

Christopher N. Littlefield

724 Corn Neck Rd., PO Box 514

Block Island

Director Name

State

RΙ

02807

Zip

724 Corn Neck Rd., PO Box 514

Block Island

Block Island

Zip

RI

02807

Director Name

Director Name

Street Address

Street Address

City

Street Address

State

Zip

City

State

Zip

10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

ISSULTO SHARES

Number of Shares

Class/Series

Par Value

8,000 SHS \$.01 PAR VALUE

100

Common

\$0.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



Check No.:

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 statements contained herein are true and correct.

Signafure

<u>John S. Pfarr</u> or Type Name of Officer

Assistant Secretary Title of Officer

Form 31 12/96

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantatic James R. Langevin, Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island, 02903-1335 • (401) 277-3(

Date

FORM 31 12/95

Filing Period: January 1-March 1 Filing Fee: \$50.00

1 CORPORATE ID NO.	2. HAME OF CORPO	PLEASE TYPE (OR PRINT IN BLACK INK.	والمراجع والمراجع المستواح	
80090	1 T.11	ttlefield Bee Far	m T		
3. STREET ADDRESS PRINCIPAL BUSIN	ESS OFFICE	cicileid bee rati	ony	SIATE	ZIP COOR
724 Corn Ne	ck Road, P.O	Box 514	Block Island	RI	02807
(401) 466-5	364	RHODE			6. SIC CODE
7. BRIEF DESCRIPTION OF THE CHARGE	TER OF BUSINESS COMOUCTED W	RHODE ISLAND			1990
under the 1	aws of the S	g activities, tog tate of Rhode Isl	ether with all other	lawful purpo	ses allowed
PRESIDENT NAME	8	NAMES AND ADD	RESSES OF THE OF	FICERS	
SEE ATTACHE	D SHEET		VICE PRESIDENT NAME		•
STREET ACORESS			STREET ADDRESS		
YIK	STATE	ZIP CODE	any	STATE	ZIP CODE
ECRETARY HAVE) ar cook
			TREASURER NAME		ومرون ويكروها إداد معاور فياسه بالمناف الفاقات
TRÉET ASOPESS			STREET ACCORESS		·
ii v	STATE	ZIP COD€	aiy	STATE	
•• ·-·	<u>L</u>				ZIP C00€
TRECTOR HAVE		NAMES AND ADD.	RESSES OF THE DI	RECTORS	· ·'s ···———
SEE ATTACHEI	D SHEET				
			STREET ADDRESS		
İΥ	STATE	ZIP C00E	air	STATE	21P C00E
RECTOR HAVE) DIRECTOR NAME		
HEET ADDRESS	· · · · · · · · · · · · · · · · · · ·				
			STREET ADDRESS		
η ν	STATE	ZIP C00£	ary	STATE	ZIP CX'9E
· .	1 0 . Authorized share		IZED AND ISSUED	ICCUED CHARES	<u>.</u>
MUMBER OF SHARES	CLASS / SERES	PAR VALUE	NUMBER OF SHARES	CLASS / SERVES	PAR VALUE
8,000 SHS	\$.01 PAR VAL	UE	100	common	\$0.01
		-			
· 				<u> </u>	<u> </u>
Dec.	esident Vies Des	This report must be SIG	NED IN INK by either the		
FI	esiderit, vice Pre	sident, Secretary, Assis	tant Secretary, Treasurer, F	Receiver or Trustee	
			pert, including al	IV accompanying sche	ffirm that I have examined this
2).	101		all statements con	tained herein are true a	and correct.
File Date: 015	176	••	Signature of Office	N. Jan	
Check No:	.99		John S. P	•	
ę.	Who		Print or Type Name		
By: For Secretary of	State Use Odly		Assistant	Secretary	3/11/96
			Title of Offi		

Title of Officer

DETACH BOTTOM BEFORE RETURNING

1996 Annual Report Littlefield Farms, Inc. Corporate ID 80090

The Names of the Officers are:

President Susan J. Littlefield 724 Corn Neck Rd., PO Box 514, Block Island, RI 02807 Secretary Christopher N. Littlefield 724 Corn Neck Rd., PO Box 514, Block Island, RI 02807 Treasurer Susan J. Littlefield 724 Corn Neck Rd., PO Box 514, Block Island, RI 02807 Asst. Secretary John S. Pfarr 461 Chapel St., PO Box 429, Block Island, RI 02807

The Names of the Directors are:

Susan J. Littlefield 724 Corn Neck Rd., PO Box 514, Block Island, RI 02807 Christopher N. Littlefield 724 Corn Neck Rd., PO Box 514, Block Island, RI 02807

State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence. Rhode Island 02903-1335 401-277-3040

ANNUAL REPOR

Please Type or Pr

File Annually - Jan. 1 - March

Filing Fee \$50. Make Checks Payable to: Secretary of Sta

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID:	0080090	Α.	manual D	the year:	
Name of Corporation	Littlefield	Farms, Inc.	mual Report for	the year:	-
Business entity organize For foreign entity, addre	ed under the laws of the State of: Rho ss and telephone number of principal of	de Island	Business Entity [X] Business C	is (check one): forporation (See RIGL Chapter 7-1.1) al Service Corporation (See RIGL Chapter)	
Phone: () Address and telephone o Island (Provide street add Littlefield Fa Corn Neck Road Block Island.	Phone: () Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box): Littlefield_Farms, Inc. Corn Neck Road, P.O. Box 514 Block_Island, RI 02807 Phone: (401) 466-5364		Brief statement of the character of business conducted in Rhode Isla To engage_in_all_farming_activities,_ together with_all_other_lawful_purposes allowed_under_the_laws_of_the_State_of Rhode_Island.		
PRESIDENT	ТНЕ	NAMES OF THE	OFFICERS AR		
VICE PRESIDENT		STREET ADDRESS	S .	CITY/STATE	ZIF CODE
VICE PRESIDENT		SEE ATTACHE STREET ADDRESS	<u> </u>	CHYSTATE	ZIP CODE
SECRETARY		STREET ADDRESS		CITY/STATE	ZIP CODS
TREASURER		STRFET ADDRESS		CITYISTATE	
	.—————————————————————————————————————				ZIP CODE
NAME NAME	THE N	STREET ADDRESS SEE ATTACHE STREET ADDRESS		CITYSTATE	ZIP CODE
NAME	STREET ADDRESS			CITYSTATE	ZIP CODE
	THORIZED (Rider may be attached)	NO	MBER OF SHARES	ISSUED AND OUTSTANDING (Rider ma	
Number of Shares	Class / Series	-		Class / Series	———·— ·
8,000	common		100	common	
DateJune_8	<u> </u>	By:	265. Ja.	·	
Form 31 1/95		PRINT OR TYPE YAS	GE OF OFFICER SIGNING	<u> John S. Pfarr</u>	
 	DESIGNATED REGIS	TERED ACENT	EOD CEDVICE	Assistant Secretary	
TEASE NOTE: If the reg	istered office and/or registered agent	indicated below is inc	orrect, Form 9 mus	t be filed.	

JOHN 5. PFARR 461 CHAPEL STREET P.O. BOX 423 BLOCK ISLAND RI 02807



1995 Annual Report Littlefield Farms, Inc. Corporate ID 0080090

The Names of the Officers are:

President Susan J. Littlefield 724 Corn Neck Rd., PO Box 514, Block Island, RI 02807 Secretary Christopher N. Littlefield 724 Corn Neck Rd., PO Box 514, Block Island, RI 02807 Treasurer Susan J. Littlefield 724 Corn Neck Rd., PO Box 514, Block Island, RI 02807 Asst. Secretary John S. Pfarr 461 Chapel St., PO Box 429, Block Island, RI 02807

The Names of the Directors are:

Susan J. Littlefield 724 Corn Neck Rd., PO Box 514, Block Island, RI 02807 Christopher N. Littlefield 724 Corn Neck Rd., PO Box 514, Block Island, RI 02807