

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 80090		2. Name of Corporation Littlefield Bee Farm, Inc.	
3. Street Address Principal Business Office 724 CORN NECK ROAD, P.O. BOX 514		City BLOCK ISLAND	State RI
4. Business Phone No. 4014665364		5. State of Incorporation RHODE ISLAND	
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN ALL FARMING ACTIVITIES.		6. SIC Code 1990	

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Susan J. Littefield			Vice President Name		
Street Address 724 Corn Neck Road, P.O. Box 514			Street Address		
City Block Island	State RI	Zip 02807	City	State	Zip
Secretary Name Christopher W. Littefield			Treasurer Name Susan J. Littefield		
Street Address 724 Corn Neck Road, P.O. Box 514			Street Address 724 Corn Neck Road, P.O. Box 514		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Susan J. Littefield			Director Name Christopher W. Littefield		
Street Address 724 Corn Neck Road, P.O. Box 514			Street Address 724 Corn Neck Road, P.O. Box 514		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES				ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
8,000 \$0.01 PAR VALUE			100	Common	\$0.01 P/V		

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



\*80090 DBC 01/06/05 11:23:10 AM\*

File Date 3/8/05

Check No. 1608

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 Officer  
John S. Pfarr  
Print or Type Name of Officer

Assistant Secretary  
Title of Officer

2/21/05  
Date

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

05183-8 PM 1:00



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 BLACK)

1. Corporate ID No. 80090		2. Name of Corporation Littlefield Bee Farm, Inc.			
3. Street Address Principal Business Office 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			6. SIC Code 1990
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN ALL FARMING ACTIVITIES.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Susan J. Littlefield			Vice President Name		
Street Address 724 CORN NECK ROAD, P.O. BOX 514			Street Address		
City BLOCK ISLAND	State RI	Zip 02807	City	State	Zip
Secretary Name Christopher N. Littlefield			Treasurer Name Susan J. Littlefield		
Street Address 724 CORN NECK ROAD, P.O. BOX 514			Street Address 72 WEST SIDE ROAD, PO BOX 1021		
City BLOCK ISLAND	State RI	Zip 02807	City BLOCK ISLAND	State RI	Zip 02807
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Susan J. Littlefield			Director Name Christopher N. Littlefield		
Street Address 724 CORN NECK ROAD, P.O. BOX 514			Street Address 724 CORN NECK ROAD, P.O. BOX 514		
City BLOCK ISLAND	State RI	Zip 02807	City BLOCK ISLAND	State RI	Zip 02807
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$.01 PAR VALUE		100	Common	\$.01 P/V

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



8 0 0 9 0

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 Officer John S. Pfarr Date 2/20/04  
John S. Pfarr  
Principal Type Name of Officer  
Assistant Secretary  
Title of Officer

\*80090 DBC 02/18/04 09:06:36 PM\*

File Date 3/9/04

Check No. 1570

By: Kme

FOR SECRETARY OF STATE USE ONLY

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

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1311  
401-222-3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

80090

2. Name of Corporation

Littlefield Bee Farm, Inc.

3. Street Address Principal Business Office

724 Corn Neck Rd., PO Box 514

City

Block Island

State

RI

Zip

02807

4. Business Phone No.

401-466-5364

5. State of Incorporation

RHODE ISLAND

6. SIC Code

1990

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)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Susan J. Littlefield

Street Address

724 Corn Neck Rd., PO Box 514

City

Block Island

State

RI

Zip

02807

Secretary Name

Christopher N. Littlefield

Street Address

724 Corn Neck Rd., PO Box 514

City

Block Island

State

RI

Zip

02807

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Susan J. Littlefield

Street Address

724 Corn Neck Rd., PO Box 514

City

Block Island

State

RI

Zip

02807

Director Name

Christopher N. Littlefield

Street Address

724 Corn Neck Rd., PO Box 514

City

Block Island

State

RI

Zip

02807

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 \$.01 PAR VALUE

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

common

\$.01 par value

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



\* 8 0 0 9 0 \*

Date: 2/19/03

Check No.: 1535

By: DA

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 Officer

Date

John S. Pfarr

Print or Type Name of Officer

Asst. Secretary

Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

80090

2. Name of Corporation

Littlefield Bee Farm, Inc.

3. Street Address Principal Business Office

724 Corn Neck Rd., PO Box 514

City

Block Island

State

RI

Zip

02807

4. Business Phone No.

401-466-5364

5. State of Incorporation

RHODE ISLAND

6. SIC Code

1990

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)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Susan J. Littlefield

XXXXXXXXXX ASSISTANT SECRETARY

John S. Pfarr

Street Address

724 Corn Neck Rd., PO Box 514

Street Address

319 Hope St., 1st Floor

City

Block Island

State

RI

Zip

02807

City

Providence

State

RI

Zip

02906

Secretary Name

Christopher N. Littlefield

Treasurer Name

Susan J. Littlefield

Street Address

724 Corn Neck Rd., PO Box 514

Street Address

724 Corn Neck Rd., PO Box 514

City

Block Island

State

RI

Zip

02807

City

Block Island

State

RI

Zip

02807

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Susan J. Littlefield

Director Name

Street Address

724 Corn Neck Rd., PO Box 514

Street Address

City

Block Island

State

RI

Zip

02807

City

State

Zip

Director Name

Christopher N. Littlefield

Director Name

Street Address

724 Corn Neck Rd., PO Box 514

Street Address

City

Block Island

State

RI

Zip

02807

City

State

Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 \$.01 PAR VALUE

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

common

\$.01 par value

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



\* 8 0 0 9 0 \*

File Date:

6-6-02

Check No.:

2183

By:

AMF

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 Officer

John S. PFARR

Print or Type Name of Officer

ASST. SECRETARY

Title of Officer



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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2001**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **80090** 2. Name of Corporation **Littlefield Bee Farm, Inc.**

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

City **Block Island** State **RI** Zip **02807**

4. Business Phone No.  
**401-466-5364**

5. State of Incorporation  
**RHODE ISLAND**

6. **5660**

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)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

**Susan J. Littlefield**

~~XXXXXXXXXX~~ ASSISTANT SECRETARY

**John S. Pfarr**

Street Address

**724 Corn Neck Rd., PO Box 514**

Street Address

**154 Waterman St., 3rd floor**

City **Block Island** State **RI** Zip **02807**

City **Providence** State **RI** Zip **02906**

Secretary Name  
**Christopher N. Littlefield**

Treasurer Name  
**Susan J. Littlefield**

Street Address

**724 Corn Neck Rd., PO Box 514**

Street Address

**724 Corn Neck Rd., PO Box 514**

City **Block Island** State **RI** Zip **02807**

City **Block Island** State **RI** Zip **02807**

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

**Christopher N. Littlefield**

Director Name

Street Address  
**724 Corn Neck Rd., PO Box 514**

Street Address

City **Block Island** State **RI** Zip **02807**

City State Zip

Director Name  
**Susan J. Littlefield**

Director Name

Street Address  
**724 Corn Neck Rd., PO Box 514**

Street Address

City **Block Island** State **RI** Zip **02807**

City State Zip

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value  
**8,000 \$ .01 PAR VALUE**

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

ISSUED SHARES

Number of Shares 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



\* 8 0 0 9 0 \*

File Date: **4-2-01**

Check No.: **1424**

By: **[Signature]**

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 Officer **John S. Pfarr** Date **4/27/01**

Print or Type Name of Officer **John S. Pfarr**

Title of Officer **Asst. Secretary**



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1100  
401-222-3100

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. **80090** 2. Name of Corporation **Littlefield Bee Farm, Inc.**

3. Street Address Principal Business Office **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** 6. SIC Code **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 Rhode Island.**

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) **X** FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **Susan J. Littlefield** ~~XXXXXXXXXX~~ Assistant Secretary  
John S. Pfarr

Street Address **724 Corn Neck Road, P.O. Box 514** Street Address  
City **Block Island** State **RI** Zip **02807** City **Providence** State **RI** Zip **02906**

Secretary Name **Christopher N. Littlefield** Treasurer Name **Susan J. Littlefield**

Street Address **724 Corn Neck Road, P.O. Box 514** Street Address **724 Corn Neck Road, P.O. Box 514**  
City **Block Island** State **RI** Zip **02807** City **Block Island** State **RI** Zip **02807**

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **Susan J. Littlefield** Director Name **Christopher N. Littlefield**

Street Address **724 Corn Neck Road, P.O. Box 514** Street Address **724 Corn Neck Road, P.O. Box 514**  
City **Block Island** State **RI** Zip **02807** City **Block Island** State **RI** Zip **02807**

Director Name \_\_\_\_\_ Director Name \_\_\_\_\_

Street Address \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<b>8,000 SHS</b>	<b>\$ .01</b>	<b>PAR VALUE</b>

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>100</b>	<b>COMMON</b>	<b>\$0.01</b>

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



\* 80090 \*

File Date: **JUN 08 2000**

Check No.: **SEC'y OF STATE**

By: **100 242637**

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 Officer **John S. Pfarr** Date **3/1/00**

Print or Type Name of Officer **John S. Pfarr**

Title of Officer **Assistant Secretary**





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

RECEIVED  
JAN 10 2001  
STATE OF CONNECTICUT  
DEPARTMENT OF REVENUE

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. **80090** 2. Name of Corporation **Littlefield Bee Farm, Inc.**  
3. Street Address Principal Business Office **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** 6. SIC Code **1980**

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 Rhode Island.**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **Susan J. Littlefield**  
Street Address **724 Corn Neck Road, P.O. Box 514**  
City **Block Island** State **RI** Zip **02807**  
Secretary Name **Christopher N. Littlefield**  
Street Address **724 Corn Neck Road, P.O. Box 514**  
City **Block Island** State **RI** Zip **02807**

~~XXXXXXXXXX~~ Assistant Secretary  
**John S. Pfarr**  
Street Address **120 Wayland Avenue**  
City **Providence** State **RI** Zip **02906**

Treasurer Name **Susan J. Littlefield**  
Street Address **724 Corn Neck Road, P.O. Box 514**  
City **Block Island** State **RI** Zip **02807**

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **Susan J. Littlefield**  
Street Address **724 Corn Neck Road, PO Box 514**  
City **Block Island** State **RI** Zip **02807**  
Director Name **Christopher N. Littlefield**  
Street Address **724 Corn Neck Road, PO Box 514**  
City **Block Island** State **RI** Zip **02807**

Street Address  
City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**8,000 SHS \$.01 PAR VALUE**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series 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



File Date: March 21, 99  
Check No.: 1275  
By: JD

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 Officer

**John S. Pfarr**

Print or Type Name of Officer

**Assistant Secretary**

Title of Officer

2/5/99  
Date



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

James R. Langevin, Secretary of State  
Corporations Divis  
100 North Main Street, Providence, RI 02903-1  
401-277-31

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**  
Filing Period: January 1-March 1 • Filing 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, PO Box 514

City

Block Island

State

RI

Zip

02807

4. Business Phone No.

(401) 466-5364

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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 Rhode Island.

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

President Name

Susan J. Littlefield

Street Address

724 Corn Neck Rd., PO Boc 514

City

Block Island

State

RI

Zip

02807

Secretary Name

Christopher N. Littlefield

Street Address

724 Corn Neck Rd., PO Box 514

City

Block Island

State

RI

Zip

02807

~~XXXXXXXXXX~~ Assistant Secretary  
John S. Pfarr

Street Address

120 Wayland Avenue

City

Providence

State

RI

Zip

02906

Treasurer Name

Susan J. Littlefield

Street Address

724 Corn Neck Rd., PO Box 514

City

Block Island

State

RI

Zip

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

City

Block Island

State

RI

Zip

02807

Director Name

Christopher N. Littlefield

Street Address

724 Corn Neck Rd., PO Box 514

City

Block Island

State

RI

Zip

02807

Director Name

Street Address

City

State

Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 SHS \$.01 PAR VALUE

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

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



File Date:

4.7.98

Check No.:

1118

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 Officer

John S. Pfarr

Print or Type Name of Officer

Assistant Secretary

Title of Officer

1/30/98

Date



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1  
401-277-3100

PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

80090

2. Name of Corporation

Littlefield Bee Farm, Inc.

3. Street Address Principal Business Office

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

6. SIC Code

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 Rhode Island.

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

City

State

Zip

Block Island

RI

02807

Secretary Name

Christopher N. Littlefield

Street Address

724 Corn Neck Rd., PO Box 514

City

State

Zip

Block Island

RI

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

City

State

Zip

Block Island

RI

02807

Director Name

~~XXXXXXXXXX~~ Assistant Secretary

John S. Pfarr

Street Address

120 Wayland Avenue

City

State

Zip

Providence

RI

02906

Treasurer Name

Susan J. Littlefield

Street Address

724 Corn Neck Rd., PO Box 514

City

State

Zip

Block Island

RI

02807

Director Name

Christopher N. Littlefield

Street Address

724 Corn Neck Rd., PO Box 514

City

State

Zip

Block Island

RI

02807

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 SHS \$.01 PAR VALUE

ISSUED SHARES

Number of Shares

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



\* 8 0 0 9 0 \*

File Date: 3.11.97

Check No.: 1180

By: JLP

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 Officer

Date

11/3/97

John S. Pfarr

Print or Type Name of Officer

Assistant Secretary

Title of Officer

# PROFIT CORPORATION ANNUAL REPORT

## 1996



State of Rhode Island and Providence Plantations  
James R. Langevin, *Secretary of State*  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3000

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 80090  
2. NAME OF CORPORATION Littlefield Bee Farm, Inc.  
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 724 Corn Neck Road, P.O. Box 514  
CITY Block Island STATE RI ZIP CODE 02807  
4. BUSINESS PHONE NO. (401) 466-5364  
5. STATE OF INCORPORATION RHODE ISLAND  
6. SIC CODE 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 Rhode Island.

8. NAMES AND ADDRESSES OF THE OFFICERS  
PRESIDENT NAME SEE ATTACHED SHEET  
VICE PRESIDENT NAME  
STREET ADDRESS  
CITY STATE ZIP CODE  
SECRETARY NAME  
TREASURER NAME  
STREET ADDRESS  
CITY STATE ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS  
DIRECTOR NAME SEE ATTACHED SHEET  
STREET ADDRESS  
CITY STATE ZIP CODE  
DIRECTOR NAME  
STREET ADDRESS  
CITY STATE ZIP CODE  
DIRECTOR NAME  
STREET ADDRESS  
CITY STATE ZIP CODE

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
8,000 SHS	\$0.01 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

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.

File Date: 3/15/96  
Check No: 1644  
By: [Signature]  
For Secretary of State Use Only  
Signature of Officer John S. Pfarr  
Print or Type Name of Officer Assistant Secretary  
Date 3/11/96  
Title of Officer  
Date

DETACH BOTTOM BEFORE RETURNING

FORM 31 12/95

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

**ANNUAL REPORT**

Please Type or Print  
File Annually - Jan. 1 - March  
Filing Fee \$50.

Make Checks Payable to: Secretary of State

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

Corporate ID: 0080090 Annual Report for the year: 1995

Name of Corporation: Littlefield Farms, Inc.

Business entity organized under the laws of the State of: Rhode Island  
For foreign entity, address and telephone number of principal office:

Business Entity is (check one):

☒ Business Corporation (See RIGL Chapter 7-1.1)

☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

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 Island:

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

**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

VICE PRESIDENT SEE ATTACHED SHEET STREET ADDRESS CITY/STATE ZIP CODE

SECRETARY STREET ADDRESS CITY/STATE ZIP CODE

TREASURER STREET ADDRESS CITY/STATE ZIP CODE

**THE NAMES OF THE DIRECTORS ARE:**

NAME STREET ADDRESS CITY/STATE ZIP CODE

NAME SEE ATTACHED SHEET STREET ADDRESS CITY/STATE ZIP CODE

NAME STREET ADDRESS CITY/STATE ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares Class / Series  
8,000 common

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares Class / Series  
100 common

Date June 8 19 95

By:

PRINT OR TYPE NAME OF OFFICER SIGNING

TITLE OF OFFICER SIGNING

John S. Pfarr

Assistant Secretary

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

JOHN S. PFARR  
461 CHAPEL STREET  
P.O. BOX 429  
BLOCK ISLAND RI 02807

PAID  
JUN 12 1995  
TP 3012  
SECRET

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