



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2020**

## Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

FILED

JAN 12 2021

BY

1880  
DS

|                                                                                                                                                                                                      |       |                                                                                               |                               |                         |                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------------------------------------------|-------------------------------|-------------------------|---------------------|
| 1. Entity ID Number<br><b>000799215</b>                                                                                                                                                              |       | 2. Exact name of the Limited Liability Company<br><b>CONFREDA FARMS, LLC</b>                  |                               |                         |                     |
| 3. NAICS Code<br><b>11- AGRICULTURE, FORESTRY</b>                                                                                                                                                    |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>FARMING</b> |                               |                         |                     |
| 5. State of Formation<br><b>RHODE ISLAND</b>                                                                                                                                                         |       |                                                                                               |                               |                         |                     |
| 6. Principal Office Address<br><b>381 ROOSEVELT AVENUE</b>                                                                                                                                           |       | City<br><b>PAWTUCKET</b>                                                                      |                               | State<br><b>RI</b>      | Zip<br><b>02860</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |       |                                                                                               |                               |                         |                     |
| Contact Name<br><b>VINCENT P CONFREDA</b>                                                                                                                                                            |       |                                                                                               | Contact Title<br><b>OWNER</b> |                         |                     |
| Street Address<br><b>150 WYOMING AVENUE</b>                                                                                                                                                          |       | City<br><b>WARWICK</b>                                                                        |                               | State<br><b>RI</b>      | Zip<br><b>02888</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                     |       |                                                                                               |                               |                         |                     |
| Manager Name                                                                                                                                                                                         |       |                                                                                               | Manager Name                  |                         |                     |
| Street Address                                                                                                                                                                                       |       |                                                                                               | Street Address                |                         |                     |
| City                                                                                                                                                                                                 | State | Zip                                                                                           | City                          | State                   | Zip                 |
| Manager Name                                                                                                                                                                                         |       |                                                                                               | Manager Name                  |                         |                     |
| Street Address                                                                                                                                                                                       |       |                                                                                               | Street Address                |                         |                     |
| City                                                                                                                                                                                                 | State | Zip                                                                                           | City                          | State                   | Zip                 |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                     |       |                                                                                               |                               |                         |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.                                                            |       |                                                                                               |                               |                         |                     |
| 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. |       |                                                                                               |                               |                         |                     |
| Name of Authorized Person<br><b>VINCENT P CONFREDA</b>                                                                                                                                               |       |                                                                                               |                               | Date<br><b>10-22-20</b> |                     |
| Signature of Authorized Person<br><i>Vincent P. Confreda</i>                                                                                                                                         |       |                                                                                               |                               |                         |                     |

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov