



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2021**
Corporation

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 506902		2. Exact name of the Corporation Thaddeus Farm, Inc.												
3. Principal Office Address 350 Shippee Road			City East Greenwich	State RI	Zip 02818									
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island Landscaping and any other lawful purpose												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Joseph P. Nunes, Jr.			Vice-President Name Linda Nunes											
Street Address 350 Shippee Road			Street Address 350 Shippee Road											
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818									
Secretary Name Linda Nunes			Treasurer Name Linda Nunes											
Street Address 350 Shippee Road			Street Address 350 Shippee Road											
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name Joseph P. Nunes, Jr.			Director Name Linda Nunes											
Street Address Same as above			Street Address Same as above											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No-par 0.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No-par 0.01			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100	Common	No-par 0.01												
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the 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.														
Name of Authorized Representative Joseph P. Nunes, Jr.				Date 1/11/21										
Signature of Authorized Representative 														

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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FORM 630 - Revised: 10/2017