RI SOS Filing Number: 202101188470 Date: 9/9/2021 4:00:00 PM



State of Rhode Island

## **Department of State - Business Services Division**

**FILED** 

Annual Report for the year:  $\underline{^{2021}}$ 

**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.

FOX HILL 4 Brief des	FARM, LLC cription of the ch	d Liability Company					
4 Brief des	cription of the ch	naracter of business conducted					
	•	naracter of business conducted		FOX HILL FARM, LLC			
Multi-purp		4 Brief description of the character of business conducted in Rhode Island					
	Multi-purpose farming including, but not limited to, agriculture and aquatic.						
6. Principal Office Address			State	Zıp			
994 Fort Getty Road			RI	02835			
bility Compai	ny and Name or	Title of Contact Person					
Contact Name Jeffrey H. Boal		Contact Title	Contact Title				
Street Address 994 Fort Getty Road			State RI	Zip <sub>02835</sub>			
d addresses	) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST I	MEMBERS			
Manager Name NONE		Manager Name					
Street Address		Street Address					
State	<i>7</i> rp	City	State	Zıp			
Manager Name			Manager Name				
Street Address			Street Address				
State	Zıp	City	State	Zıp			
			Check the box to i	ndicate an attachment			
n currently o	f record with the	RI Department of State is accu	rate. Changes require	e filing Form 642.			
			ng any accompanyin	g schedules and			
			Date /	· · · · · · · · · · · · · · · · · · ·			
K7			9/1/.	2021			
AM:			<del>-                                    </del>	-			
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	ollity Compared of addresses  State  State	State Zip  State Zip  Currently of record with the lare and affirm that I have eare	City Jamestown  Contact Person  Contact Title  City Jamestown  d addresses) of the Limited Liability Company, IF APPLICA  Manager Name  Street Address  State  Zip  City  Manager Name  Street Address  City  City  City  City  City  City  City  City  City  Manager Name  City  Ci	City Jamestown RI  Contact Title  Contact Title  Contact Title  City Jamestown State RI  diaddresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST I  Manager Name  Street Address  State  7ip  City  State  Manager Name  Street Address  State  Zip  City  State  Check the box to in currently of record with the RI Department of State is accurate. Changes required are and affirm that I have examined this report, including any accompanying tents contained herein are true and correct.			

## MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov