



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2021

**1. ID No.** 001713080

**2. Exact Name of the Limited Liability Company** Farm Coast Property Caretaker LLC

**3. State of Formation**

State: RI

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

531311

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

HOUSE WATCHING SUMMER HOMES DURING THE WINTER

**5. Principal Office Address**

No. and Street: 57 MEETINGHOUSE LANE

City or Town: LITTLE COMPTON

State: RI

Zip: 02837

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: MERIAH DUFUR Contact Title:

No. and Street: 57 MEETINGHOUSE LANE

City or Town: LITTLE COMPTON

State: RI

Zip: 02837

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.**

**DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	MERIAH DUFUR	57 MEETINGHOUSE LANE LITTLE COMPTON, RI 02837 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

MERIAH DUFUR 57 MEETINGHOUSE LANE LITTLE COMPTON , RI 02837

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 14 Day of December, 2021 at 11:26:26 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By MERIAH DUFUR  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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