



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP**FILED****FEB 09 2023**BY *2338*

1. Entity ID Number 509853		2. Exact name of the Corporation Rockland Farm, Inc.	
3. Principal Office Address 144 Touisset Road		City Warren	State RI
4. NAICS Code 333111		6. Brief description of the character of business conducted in Rhode Island To engage in the business of agriculture and any other lawful business.	
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Joseph R. Rodrigues		Vice-President Name Michael Joseph Rodrigues	
Street Address 144 Touisset Road		Street Address 150 Touisset Road	
City Warren	State RI	City Warren	State RI
Secretary Name None		Treasurer Name None	
Street Address		Street Address	
City	State	City	State
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name None		Director Name None	
Street Address		Street Address	
City	State	City	State
Director Name None		Director Name None	
Street Address		Street Address	
City	State	City	State
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES 1,000.00	CLASS/SERIES Common
		PAR VALUE \$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 R. Rodrigues		Date 1-23-23	
Signature of Authorized Representative <i>Joseph R. Rodrigues</i>			

MAIL TO:

Division of Business Services

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