



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 RI DEPT. OF STATE
 BUS SVCS DIV

Annual Report for the year: 2022
 Limited Liability Company

2023 FEB 24 AM 8:53

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

| | | | | | |
|---|-------|---|--------------------------------|------------------------|---------------------|
| 1. Entry ID Number <u>001705292</u> | | 2. Exact name of the Limited Liability Company <u>Little Bit Farm, LLC</u> | | | |
| 3. NAICS Code <u>111211</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>Growing and selling organic vegetables and flowers.</u> | | | |
| 5. State of Formation <u>Rhode Island</u> | | | | | |
| 6. Principal Office Address <u>57 Little Bit Ln.</u> | | | City <u>North Kingstown</u> | State <u>RI</u> | Zip <u>02852</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name <u>Kristen Palmisano</u> | | | Contact Title <u>Owner</u> | | |
| Street Address <u>P.O. Box 204</u> | | | City <u>East Greenwich</u> | State <u>RI</u> | Zip <u>02818</u> |
| 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 042. | | | | | |
| <i>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.</i> | | | | | |
| Name of Authorized Person <u>Kristen Palmisano</u> | | | | Date <u>2/23/23</u> | |
| Signature of Authorized Person <u>Kristen Palmisano</u> | | | | | |

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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BY VZEEG

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