



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.

FEB 24 2023

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1. Entity ID Number 000144537		2. Exact name of the Corporation BABBLING BROOK FARM, INC.			
3. Principal Office Address 69A MOOSUP VALLEY ROAD		City FOSTER		State RI	Zip 02825
4. NAICS Code 115210		6. Brief description of the character of business conducted in Rhode Island AGREICULTURAL PRODUCTS, DOG BREEDING AND RETAIL SALES			
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 STEPHEN CROTEAU			Vice-President Name		
Street Address 69A MOOSUP VALLEY ROAD			Street Address		
City FOSTER	State RI	Zip 02825	City	State	Zip
Secretary Name			Treasurer Name COLLEEN CROTEAU		
Street Address			Street Address 69A MOOSUP VALLEY ROAD		
City	State	Zip	City FOSTER	State RI	Zip 02825
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100 NPV		
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. <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 Representative COLLEEN CROTEAU				Date 1/8/2023	
Signature of Authorized Representative <i>Colleen Croteau</i>					

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021