



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.

FILED STAMP
MAR 17 2023
 BY 3003
DS

1. Entity ID Number 160999		2. Exact name of the Corporation Fogland Farm, Inc.			
3. Principal Office Address 1684 Main Road			City Westport	State MA	Zip 02791
4. NAICS Code 115210		6. Brief description of the character of business conducted in Rhode Island Horse Farm			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Martha Taradash			Vice-President Name none		
Street Address 1684 Main Road			Street Address		
City Westport	State MA	Zip 02791	City	State	Zip
Secretary Name Martha Taradash			Treasurer Name Martha Taradash		
Street Address 1684 Main Road			Street Address 1684 Main Road		
City Westport	State MA	Zip 02791	City Westport	State MA	Zip 02791
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Martha Taradash			Director Name		
Street Address 1684 Main Road			Street Address		
City Westport	State MA	Zip 02791	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued 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.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			100	Common	.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 Martha Taradash					Date
Signature of Authorized Representative <u>Martha Taradash</u>					<u>3/15/23</u>

MAIL TO:
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