

FILED

APR 20 2023

BY 107

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

1. Entity ID Number 001686639	Exact name of the Limited Liability Company     Wildflower Farm LLC      Brief description of the character of business conducted in Rhode Island     Farming			
3. NAICS Code 111421				
5. State of Formation RI				
6. Principal Office Address		City	State	Zip
146 Phenix Ave 2nd Floor		Cranston	RI	02920
	ed Liability Company and Name of	or Title of Contact Person		
Contact Name James P Ventriglia		Contact Title CPA		
Street Address 145 Phenix Avenue		City Cranston	State RI	Zip 02920
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
	I declare and affirm that I have tatements contained herein are		ling any accompanyin	g schedules and
Name of Authorized Person Michael Fraser			Date	17/23
Signature of Authorized Per	son			

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov