State of Rhod	e Island Fee: \$50.00
Office of the Secre	-
Division Of Busine 148 W. River	
Providence RI 02	
1636 (401) 222-3	3040
Limited Liability Company Annual Report Filing Period: February 1 - May 1	
In accordance with R.I.G.L. 7-16-66(d), each limited liabil refusing to file its annual report within thirty (30) days afte law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$	er the time prescribed by
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024	
1. ID No. <u>000575327</u>	
2. Exact Name of the Limited Liability Company <u>ROBIN HOLLOW FARM, LLC</u>	
3. State of Formation	
State: <u>RI</u>	
NAICS CODE	
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.	
<u>111422</u>	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island	
<u>ROBIN HOLLOW FARM LLC IS A SPECIALTY CUT FLOWER FARM AND FLORIST. WE</u> GROW	
AND SELL CUT FLOWERS AND PLANTS AND ARE FULL SERVICE	
FLORISTS, SPECIALIZING IN WEDDINGS AND E	EVENTS.
5. Principal Office Address	
No. and Street: <u>1057 GILBERT STUART ROAD</u>	
City or Town: <u>SAUNDERSTOWN</u>	State: <u>RI</u> Zip: <u>02874</u> Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	
Contact Name: Contact Title: No. and Street: 1057 GII BERT STUART ROAD	
No. and Street:1057 GILBERT STUART ROADCity or Town:SAUNDERSTOWN	State: <u>RI</u> Zip: <u>02874</u> Country: <u>USA</u>

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

MARGARET E. HUTCHISON 1057 GILBERT STUART ROAD SAUNDERSTOWN , RI 02874

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 25 Day of January, 2024 at 8:52:51 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By MARGARET E. HUTCHISON

Signature of Authorized Person

Form No. 632 Revised 09/07

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