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Annual Report for the year: 2024
Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

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1. Entity ID Number	2. Exact name of the Limited Liability Company PERKINS FARM LLC					
3. NAICS Code 53 1112 5. State of Formation Rhode Island	Brief description of the character of business conducted in Rhode Island Purchase, sale and management of real and/or personal property					
6. Principal Office Address		City	State	Zip		
127 South Pier Road		Narragansett	RI	02882		
7. Mailing Address of Limited L	iability Company and Name	or Title of Contact Person				
Contact Name Roberta Mar	inellí	Contact Title		•		
Street Address 229 Bay Street		City Santa Cruz	State CA	^{Zip} 95060		
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.						
Under penalty of perjury, I di statements, and that all state		e examined this report, including re true and correct.	any accompanying	g schedules and		
Name of Authorized Person	rson		Date	1		
Roberta Marinelli			9 Feb	9 February 2024		
Signature of Authorized Person						

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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