State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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
MAR 07 2024
BY 6025

1. Entity ID Number	2. Exact name of the Corporation			
106652	NEW DEAL FARM OF EXETER, INC.			
3. Principal Office Address		City	State	Zip
75 WEST MAIN STREET		NO. KINGSTOWN	RI	02852
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
115210	TO PROVIDE HORSE-DRAWN RIDES AND THE PURCHASE, RAISING AND SALE OF HORSES AND OTHER LIVESTOCK.			
5 State of Incorporation				
RHODE ISLAND				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
JOHN D. KLIEVER	75 WEST MAIN STREET	NO. KINGSTOWN	RI	02852

Vice-President Name	Street Address	City	State	Zip
JULIA F. KLIEVER	75 WEST MAIN STREET	NO. KINGSTOWN	RI	02852

Secretary Name	Street Address	City	State	Zip
JULIA F. KLIEVER	75 WEST MAIN STREET	NO. KINGSTOWN	RI	02852

Treasurer Name	Street Address	City	State	Zip
JOHN D. KLIEVER	75 WEST MAIN STREET	NO. KINGSTOWN	RI	02852

8 List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
JOHN D. KLIEVER	75 WEST MAIN STREET	NO. KINGSTOWN	RI	02852

Director Name	Street Address	City	State	Zip
JULIA F. KLIEVER	75 WEST MAIN STREET	NO. KINGSTOWN	RI	02852

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9 Shares Authorized

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000	COMMON	NONE

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	Date
JOHN D. KLIEVER, PRESIDENT	2/28/24

Signature of Authorized Representative

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov