

## State of Rhode Island **Department of State - Business Services Division**

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.

Entity ID Number	2. Exact name of the Limited Liability Company			
001719782	Maplewood Farm, LLC  4. Brief description of the character of business conducted in Rhode Island			
3. NAICS Code				
812990	To own and manage	To own and manage a farm.		
5. State of Formation				
RI				
6. Principal Office Address		City	State	Zip
234 Hedly Street		Portsmouth	RI	02871
7. Mailing Address of Limite	d Liability Company and Name or	Title of Contact Person		•
Contact Name Michael W. Miller		Contact Title Resident Agent		
Street Address 122 Touro Street		City Newport	State	<sup>Zip</sup> 02840
8. The Resident Agent infor	mation currently of record with the	RI Department of State is accu	ırate. Changes requi	re filing Form 642.
	y, I declare and affirm that I hav tatements contained herein are		ding any accompan	ying schedules and
Name of Authorized Person			Date	
Stephen 7	M. Anderson		4-3-2024	
Signature of Authorized Per			_	
the	MI	<del></del>		

MAIL TO:

**Division of Business Services** 

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

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