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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.

1 Entity ID Number	2. Exact name of the Limit	2. Exact name of the Limited Liability Company			
1711946	Mikel Apple Farm, LLC				
3 NAICS Code 445230	4. Brief description of the	Brief description of the character of business conducted in Rhode Island To sell and deal with apple and farm products as the Manager may see fit			
	To sell and deal wi				
5 State of Formation)	
Rhode Island					
6 Principal Office Address		City	State	Zıp	
1299 Putnam Pike		Chepachet	RI	02814	
7. Mailing Address of Limite	ed Liability Company and Name	or Title of Contact Person			
Contact Name Michael J. Malloy		Contact Title Member			
Street Address 1490 Pippin Orchard Road		City Cranston	State RI	^{Z_{ip}} 02921	
8. The Resident Agent infor	mation currently of record with the	he RI Department of State is accu	rrate. Changes require	e filing Form 642	
9. Under penalty of perjur statements, and that all st	y, I declare and affirm that I ha tatements contained herein ar	ave examined this report, includ re true and correct.	ling any accompany	ing schedules and	
Name of Authorized Person			Date		
Michael J. Malloy	A 1 /		1/4W	Luch 2024	
Signature of Authorized Per	aon j			me pro :	

MAIL TO:

Division of Business Services

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

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