



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

**FILED**

Annual Report for the year: 2024  
Corporation \_\_\_\_\_

MAY 03 2024  
BY 5982  
AS

- 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<br><b>000116103</b>  |                    | 2. Exact name of the Corporation<br><b>LIMEROCK PLANT FARM, INC.</b>   |  |                           |                     |
| 3. Principal Office Address<br><b>48 HARRIS AVENUE</b>   |                    |  | City<br><b>LINCOLN</b>                       | State<br><b>RI</b>        | Zip<br><b>02865</b> |
| 4. NAICS Code<br><b>424930</b>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>BREEDER OF PERENNIAL PLANTS FOR WHOLESALE AND RETAIL SALES</b> |  |                           |                     |
| 5. State of Incorporation<br><b>RI</b>   |                    |  |  |                           |                     |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |  |  |                           |                     |
| President Name<br><b>MARIO J FARIA</b>   |                    |  | Vice-President Name<br><b>MARY ANN FARIA</b> |                           |                     |
| Street Address<br><b>48 HARRIS AVENUE</b>  |                    |  | Street Address<br><b>48 HARRIS AVENUE</b>    |                           |                     |
| City<br><b>LINCOLN</b>   | State<br><b>RI</b> | Zip<br><b>02865</b>  | City<br><b>LINCOLN</b>                       | State<br><b>RI</b>        | Zip<br><b>02865</b> |
| Secretary Name   |                    |  | Treasurer Name                               |                           |                     |
| Street Address   |                    |  | Street Address                               |                           |                     |
| City   | State              | Zip  | City   | State                     | Zip                 |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |  |  |                           |                     |
| Director Name<br><b>MARIO J FARIA</b>  |                    |  | Director Name                                |                           |                     |
| Street Address   |                    |  | Street Address                               |                           |                     |
| City   | State              | Zip  | City   | State                     | Zip                 |
| Director Name  |                    |  | Director Name                                |                           |                     |
| Street Address   |                    |  | Street Address                               |                           |                     |
| City   | State              | Zip  | City   | State                     | Zip                 |
| 9. Shares Authorized   |                    | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                            |  |                           |                     |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |                    | NUMBER OF SHARES   |  | CLASS/SERIES              | PAR VALUE           |
|  |                    | <b>600</b>   |  |                           | <b>-0-</b>          |
| 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.<br><b>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.</b> |                    |  |  |                           |                     |
| Name of Authorized Representative<br><b>MARIO J FARIA</b>  |                    |  |  | Date<br><b>04/23/2024</b> |                     |
| Signature of Authorized Representative<br><i>Mario J. Faria</i>  |                    |  |  |                           |                     |

MAIL TO:  
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