



State of Rhode Island  
Department of State - Business Services Division

FILED

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.

MAY 03 2024  
BY 5982  
AS

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

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