RI SOS Filing Number: 202457006130 Date: 6/20/2024 4:00:00 PM



State of Rhode Island Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number	12 Event name of the Limited Liebility Company				
•	2. Exact name of the Limited Liability Company				
001686639	Wildflower Farm LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
111421	Farming				
5. State of Formation					
RI -					
6. Principal Office Address		City	State	Zip	
700 Carrs Pa	ond Road	East Greenwich	R	02818	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Contact Title					
Michael Fraser		President City Fact Greenwith R1 02818			
Street Address		City	State	Zip	
700 Carrs Pond Rd		East Oreenwar	K	02818	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
9. 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 Person Date / /		/ . 1			
Michael FRASGR			G/19/	24	
Signature of Authorized Person					
Must					

FILED

JUN 2 0 2024 BY WSV FE

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov