

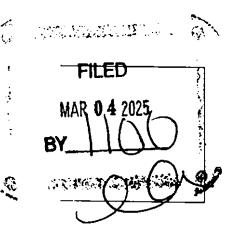
State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 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 001719388	2. Exact name of the Limited Liability Company PLC Farm Trust LLC 4. Brief description of the character of business conducted in Rhode Island To Hold And Manage Real Estate			
3. NAICS Code 53110 b 5. State of Formation Rhode Island				
6. Principal Office Address		City	State	Zip
75 Park Plaza		Boston	MA	02116
7. Mailing Address of Limite	d Liability Company and Name or	Title of Contact Person	<u> </u>	
Contact Name John Pantekidis		Contact Title Manager		
Street Address 75 Park Plaza		City Boston	State MA	^{Zip} 02116
8. The Resident Agent infor	mation currently of record with the	RI Department of State is acc	urate. Changes require	filing Form 642.
9. Under penalty of perjur	y, I declare and affirm that I have tatements contained herein are t	e examined this report, inclu		
Name of Authorized Person John Pantekidis			Date 2/24/25	
Signature of Authorized Per	Son		, , , , , , , , , , , , , , , , , , ,	

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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