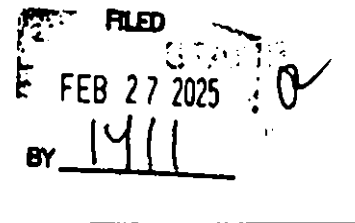




State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025  
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<br><u>001681634</u>   |  | 2. Exact name of the Limited Liability Company<br><u>Stamps Farms Real Estate Holdings, LLC</u>                            |                        |                     |
| 3. NAICS Code<br><u>531110</u>  |  | 4. Brief description of the character of business conducted in Rhode Island<br><u>Real Estate partnership for farmland</u> |                        |                     |
| 5. State of Formation<br><u>Rhode Island</u>  |  |  |                        |                     |
| 6. Principal Office Address<br><u>219 Comstock Parkway</u>  |  | City<br><u>Cranston</u>  | State<br><u>RI</u>     | Zip<br><u>02921</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |  |                        |                     |
| Contact Name<br><u>William M. Stamp III</u>   |  | Contact Title  |                        |                     |
| Street Address<br><u>219 Comstock Parkway</u>   |  | City<br><u>Cranston</u>  | State<br><u>RI</u>     | Zip<br><u>02921</u> |
| 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<br><u>William M. Stamp III</u>  |  |  | Date<br><u>2/22/25</u> |                     |
| Signature of Authorized Person<br>  |  |  |                        |                     |

MAIL TO:

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