



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: **2025**

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

FILED

MAR 11 2025

BY

| 1. Entity ID Number<br><b>1727485</b>  |                    | 2. Exact name of the Corporation<br><b>Shickasheen Farm, Inc.</b>   |   |                    |                          |                  |              |           |            |               |               |  |  |  |
|--|--------------------|---|---|--------------------|--------------------------|------------------|--------------|-----------|------------|---------------|---------------|--|--|--|
| 3. Principal Office Address<br><b>110 Prosser Trail</b>  |                    |   | City<br><b>Charlestown</b>  | State<br><b>RI</b> | Zip<br><b>02813</b>      |                  |              |           |            |               |               |  |  |  |
| 4. NAICS Code<br><b>444220</b>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>Nursery and Garden Center</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 <b>Robert J. Phaneuf, Jr.</b>   |                    |   | Vice-President Name <b>Emma Phaneuf</b>   |                    |                          |                  |              |           |            |               |               |  |  |  |
| Street Address <b>110 Prosser Trail</b>  |                    |   | Street Address <b>110 Prosser Trail</b>   |                    |                          |                  |              |           |            |               |               |  |  |  |
| City<br><b>Charlestown</b>   | State<br><b>RI</b> | Zip<br><b>02813</b>   | City<br><b>Charlestown</b>  | State<br><b>RI</b> | Zip<br><b>02813</b>      |                  |              |           |            |               |               |  |  |  |
| Secretary Name <b>same as above</b>  |                    |   | Treasurer Name <b>same as above</b>   |                    |                          |                  |              |           |            |               |               |  |  |  |
| 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  |                    |   | 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.   |                    |   | <table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>100</b></td> <td><b>common</b></td> <td><b>\$0.01</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                    |                          | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | <b>100</b> | <b>common</b> | <b>\$0.01</b> |  |  |  |
|  |                    |   | NUMBER OF SHARES  | CLASS/SERIES       | PAR VALUE                |                  |              |           |            |               |               |  |  |  |
| <b>100</b>   | <b>common</b>      | <b>\$0.01</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>Robert J. Phaneuf, Jr.</b>   |                    |   |   |                    | Date<br><b>2/27/2025</b> |                  |              |           |            |               |               |  |  |  |
| Signature of Authorized Representative<br>   |                    |   |   |                    |                          |                  |              |           |            |               |               |  |  |  |

MAIL TO:

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