State of Rhode Island
Office of the Secretary of State

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025

1. ID No. 001750536

2. Exact Name of the Limited Liability Company Mooresfield Maple LLC

3. State of Formation

State: RI

NAICS CODE

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.

111998

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

ALL OTHER MISCELLANEOUS CROP FARMING: 111998.
CORRESPONDING INDEX ENTRIES:
111998 - MAPLE SAP GATHERING &/OR MAPLE SYRUP (I.E., MAPLE SAP REDUCING)
111998 - MAPLE SAP CONCENTRATING (I.E., PRODUCING PURE MAPLE SYRUP IN THE FIELD) &/
OR SYRUP, PURE
MAPLE (I.E., MAPLE SYRUP REDUCING)
OCCASIONAL SALE OF LEFTOVER WOOD FROM CROP PRODUCTION AND HARVEST.

NOTE: A MAPLE SYRUP PRODUCTION FARM IS CALLED A "SUGARBUSH". SAP IS
OFTEN BOILED IN A "SUGAR HOUSE".
THIS CROP IS MANAGED IN ACCORDANCE WITH THE RHODE ISLAND MAPLE

SYRUP PRODUCER'S
ASSOCIATION
(RIMSPA) PRODUCTION AND QUALITY CONTROL MANUAL.

5. Principal Office Address

No. and Street: 952 MOORESFIELD RD
City or Town: WAKEFIELD State: RI Zip: 02879 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: TODD M. POULOS Contact Title: SUGARER
No. and Street: 952 MOORESFIELD ROAD
City or Town: WAKEFIELD State: RI Zip: 02879 Country: USA

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

TODD MICHAEL POULOS 8 JUPITER LN, UNIT E WYOMING , RI 02898

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 31 Day of March, 2025 at 3:28:30 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By TMP
Signature of Authorized Person

Form No. 632
Revised 09/07