

## 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.

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1. Entity ID Number	2. Exact name of the Limited Lia	bility Company				
001781718_	2DD FARM & METE					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
111940	Ferming Land for ford Stand and					
5. State of Formation _	plending					
6. Principal Office Address	2.0	City	State	Zip		
382 Rockland	9kd	Worth Scittale	RI	028507		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name		Contact Title				
Eleer Vier	<u>د</u>					
Street Address		City	State	Zip		
22 high So	met	tope	RI_	02831		
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 ,			
Eileen Vie	in		K/301	2005		
Signature of Authorized Person						
Elan Vace						

JIIN 3 0 2025

BY MEEBE

MAIL TO:

**Division of Business Services** 

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