State of Rhode Island Fee	: \$50.00
Office of the Secretary of State	
Division Of Business Services	
148 W. River Street Providence RI 02904-2615	
<b>1636</b> (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: 2023	
1. ID No. <u>000159256</u>	
2. Exact Name of the Limited Liability Company <u>THE FARMER'S DAUGHTER, LLC</u>	
3. State of Formation	
State: <u>RI</u>	
ARTICLE III	
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.	
<u>444220</u>	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island	
HORTICULTURE AND GARDEN CENTER	
5. Principal Office Address	
No. and Street:97 HEATON ORCHARD RDCity or Town:WEST KINGSTONState: RIZip: 02892Country: U	<u>SA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	
Contact Name: Contact Title:	
No. and Street: 952 MOORESFIELD ROAD	
City or Town: WAKEFIELD State: RI Zip: 02879 Country: L	I <u>SA</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11	

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

**Signed this 12 Day of February, 2023 at 12:43:48 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 <u>SARAH PARTYKA</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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