RI SOS Filing Number: 202449927670 Date: 4/1/2024 4:00:00 PM



State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: 2024 **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	2 Exact name of the Limited Liability Company Morrison Farm, LLC				
001691501					
3 NAICS Code	4. Brief description of the	Brief description of the character of business conducted in Rhode Island			
531110	Own and manage r	eal estate			
5 State of Formation					
RI					
6. Principal Office Address		City	State	Zıp	
571 Ocean Avenue		Newport	RI	02840	
7 Mailing Address of Limite	ed Liability Company and Name	or Title of Contact Person		I	
Contact Name Pamela B. Adams		Contact Title Member			
Street Address 571 Ocean Avenue		City Newport	State RI	^{Zip} 02840	
8. The Resident Agent info	rmation currently of record with t	he RI Department of State is acc	urate. Changes requi	re filing Form 642	
	ry, I declare and affirm that I ha tatements contained herein ar	•	iding any accompan	ying schedules and	
	Name of Authorized Person			Date	
_	ח		Date		

Division of Business Services

148 W. River Street. Providence. Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.rr.gov