



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007
Filing Period: September 1 - November 1 • Filing Fee: \$50.00

1. ID No. 143710		2. Exact name of the limited liability company ROCKWOOD FARMS, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island HORSE FARM			
5. Principal office address 4 FRANK AVENUE		City KINGSTOWN	State RI	Zip 02879	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name MATTHEW O. DAVITT			Contact Title MEMBER		
Street Address 4 FRANK AVENUE		City KINGSTOWN	State RI	Zip 02879	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name MATTHEW DAVITT			Manager Name CAROL DAVITT		
Street Address 4 FRANK AVE		Street Address 523 WAYLAND AVE			
City W. KINGSTON	State RI	Zip 02892	City PROVIDENCE	State RI	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name BERNARD A. POIRIER, CPA			Address		
Address 469 Centerville Road, Suite 203		City Warwick		Zip 02886	

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

FILED	
File Date	OCT 02 2007
Check No.	2313
By:	
FOR SECRETARY OF STATE USE ONLY	

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.

Matthew O. Davitt 8-29-07
Signature of Authorized Person Date

MATTHEW O. DAVITT

Print or Type Name of Authorized Person