



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	City PROVIDENCE	State RI
Zip 02892		Zip 02886	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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.	23/3
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