RI SOS Filing Number: 200703533430 Date: 11/02/2007 4:00 PM

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

A. Ralph Mollis, 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.	2. Exact name of the limited liabilty company		
116341	Brass Ring, LLC		
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island		
RHODE ISLAND	INSTRUCTION IN HORSE RIDING.		
5. Principal office address	City	State	Zip
134-2 SHARPE STREET	WEST GREENWICH	RI	02817-

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
LYNN E. SMILEY	Operating Manager		
Street Address	City	State	Zip
134-2 SHARPE STREET	WEST GREENWICH	RI	02817-

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS (*"X" BOX FOR ATTACHMENT*) ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52

Manager Name			Manager Name		
Lynn E. Smiley					
Street Address			Street Address		
134-2 Sharpe Street					
City	State	Zip	City	State	Zip
West Greenwich	RI	02817			
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	Address	
F. MOORE MCLAUGHLIN, IV ESQ.	32 CUSTOM HOUSE STREET, SUITE 500	
Address	City	Zip
	PROVIDENCE	02903-

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

[redacted] 116341 [redacted]

116341 DLLC 06/22/07 09:46:38 AM
File Date FILED
Check No. NOV 02 2007
By: By
FOR SECRETARY OF STATE USE ONLY
16278-45-200569

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.

Lynn E Smiley 20 Oct 2007
Signature of Authorized Person *Date*

[redacted]
Lynn E. Smiley
Print or Type Name of Authorized Person

Form 632 Rev. 12/05