



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 2008

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 1. ID No. 74002 | | 2. Exact name of the limited liability company wild horsefeathers, llc | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island MAIL ORDER FOR EQUESTRIAN CLOTHING & ACCESSORIES | |
| 5. Principal office address PO BOX 1350 | | City PORTSMOUTH | State RI |
| | | Zip 02871-0926 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name | | Contact Title | |
| | | PRESIDENT | |
| Street Address PO BOX 1350 | | City PORTSMOUTH | State RI |
| | | Zip 02871-0926 | |
| 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 | | Manager Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| | | | |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| | | | |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 | | | |
| Agent Name GORDON A. CARPENTER | | Address 55 Pine Street, 4th Floor | |
| Address | | City PROVIDENCE | Zip 02903 |

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

74002

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| File Date <u>11-17-08</u> |
| Check No. <u>14616</u> |
| By: <u>MMC</u> |
| 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.

Kimberly S. Dunn
Signature of Authorized Person Date

Kimberly S Dunn

Print or Type Name of Authorized Person