



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 2008

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(c)) is subject to a penalty fee of \$25.00.

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 West Kingston		State RI	Zip 02892
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 West Kingston		State RI	Zip 02892
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"/>					
Manager Name Matthew O. Davitt		Manager Name Carol Davitt			
Street Address 4 Frank Avenue		Street Address 523 Wayland Avenue			
City West Kingston	State RI	Zip 02892	City Providence	State RI	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

FILED

FEB 23 2009

BY

AMF
8/17/2
11:05

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

143710

File Date _____
Check No. _____
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.

Signature of Authorized Person

Date

Matthew O. Davitt

Print or Type Name of Authorized Person