



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

2012

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR** \_\_\_\_\_

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID N- <b>107607</b>		2. Exact name of the limited liability company <b>Stepping Stone Ranch of Escoheag LLC</b>			
3. State of Formation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Recreational Equine business and events</b>			
5. Principal office address <b>201 Escoheag Hill Rd</b>		City <b>W. Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>DARRELL WALDRON</b>			Contact Title <b>owner</b>		
Street Address <b>201 Escoheag Hill Rd</b>		City <b>W. Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>Henry Waldron</b>			Manager Name		
Street Address <b>same as above</b>			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

AUG 14 2012

By *MNC*  
 CA # 1395

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 *Henry Waldron* Date 8-10-12  
 Print or Type Name of Authorized Person Henry Waldron

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_

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