

## 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

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

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 No.		2. Exact name of the limited liability company Horizon Bicknell, LLC					
542323	HOHZOR	Dickileii, LLC					
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island					
RI	Purchase	Purchase, rehab, rent and sell real estate					
5. Principal office address 469 Centerville Rd.			City Warwick	State RI	Zip <b>02886</b>		
	F.LIMITED: LIABILIT	TY COMPANY AND N	ME OR TITLE OF CONTACT	PERSON:			
Contact Name Paul T. Buonaiuto			Contact Title Manager				
Street Address 469 Centerville Rd.			City <b>Warwick</b>	State RI	Zip <b>02886</b>		
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE LI	MITED LIABILITY COMPANY	IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS		
Manager Name Paul Buonaiuto			Manager Name				
Street Address 469 Centerville Rd.			Street Address				
City <b>Warwick</b>	State RI	Zip 02886	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address	****	66 2		
City	State	Zip	City	State	Zip 7		
8. RESIDENT AGENT IN F	RHODE ISLAND						
This information is curre	ntly of record in th	e Office of the Secret	ary of State. Changes requir	e filing Form 642.			
					<u>:</u> 25		
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File Date	Under penalty of perjury, I declare and affirm this report, including any accompanying sche	dules and statements,
	and that all statements contained herein are t	rue and correct.
Check No	the second of th	2/21/13
By:	Signature of Authorized Person	Date
FOR SECRETARY OF STATE USE ONLY	Paul T Brionai uto	
FUR SEURE IANT UP STATE USE UNLT	Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012