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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 2014

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
742478	Horsieville, LLC
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island
NH	Real Estate ownership

5. Principal office address	City	State	Zip
267 Gilman Pond Road	Newport	NH	03773

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

Contact Name	Contact Title		
Robert J. McDevitt	Manager		
Street Address	**City**	**State**	**Zip**
267 Gilman Pond Road	Newport	NH	03773

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
Robert J. McDevitt	267 Gilman Pond Road	Newport	NH	03773
Manager Name				
Caryl E. McDevitt	267 Gilman Pond Road	Newport	NH	03773
Manager Name				
	Street Address	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

SEP 05 2014

BY _____

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.

_____ 9/2/2014
Signature of Authorized Person Date

Robert J. McDevitt, Manager
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012

110751-4-944725