

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2016

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. 742478	I	2. Exact name of the limited liability company Horsieville, LLC				
3. State of Formation New Hampshire		cription of the characte		business conducted in Rhode Island		
5. Principal office address 267 Gilman Pond Road			City Newport	State NH	Zip 03773	
	LIMITED LIABILIT	Y COMPANY AND NA	ME OR TITLE OF CONTACT	PERSON:		
Contact Name Robert J. McDevitt			Contact Title Manager			
Street Address 267 Gilman Pond Road			City Newport	State NH	Zip 03773	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		PRESSES) OF THE LII	MITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name Robert J. McDevitt			Manager Name Caryl E. McDevitt			
Street Address 267 Gilman Pond Road			Street Address 267 Gilman Pond Road			
City Newport	State NH	Zip 03773	City Newport	State NH	Zip 03773	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RI	HODE ISLAND					
This information is curren	tly of record in the	Office of the Secret	ary of State. Changes require	filing Form 642.		

Under penalty of perjury declare and affirm that I have examined this report, including my accompanying schedules and statements ny accompanying schedules and statements, File Date s contained herein are true and correct. Check No _ Robert J. McDevitt, Manager

FOR SECRETARY OF STATE USE ONLY

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012