	State of Rhode Island and Providence Planta	tions Fee: \$50
	Office of the Secretary of State	
	Division Of Business Services	
	148 W. River Street	
	Providence RI 02904-2615	
HOPE	(401) 222-3040	
imited Liability C	Company	
Innual Report		
iling Period: Septemb	er 1 - November 1	
	G.L. 7-16-66(d), each limited liability company failing or refus	
	within thirty (30) days after the time prescribed by law (R.I.G.	L. 7-
0-00(D&C)) IS SUDJECT	to a penalty fee of \$25.00.	
ANNUAL REPORT YE	EAR: <u>2016</u>	
1. ID No. <u>000138</u>	8285	
2. Exact Name of th	e Limited Liability Company Rosciti Quarterhorses, LLC	2
3. State of Formatio	on	
State: <u>RI</u>		
	ARTICLE III	
Using the following NA	AICS codes, please select the code that best describes your	business.
Using the following NA		business.
NAICS Code		<u>6 11</u>
NAICS Code	AICS codes, please select the code that best describes your	<u>6 11</u>
NAICS Code 4. Brief Description of	AICS codes, please select the code that best describes your	<u>6 11</u>
NAICS Code 4. Brief Description of TO BREED AND EX	AICS codes, please select the code that best describes your of the Character of the Business Which is Actually Conde XHIBIT QUARTERHORSES	<u>6 11</u>
NAICS Code 4. Brief Description of	AICS codes, please select the code that best describes your of the Character of the Business Which is Actually Conde XHIBIT QUARTERHORSES	<u>6 11</u>
NAICS Code 4. Brief Description of <u>TO BREED AND E</u> 5. Principal Office Ac	AICS codes, please select the code that best describes your of the Character of the Business Which is Actually Conde XHIBIT QUARTERHORSES	<u>6 11</u>
NAICS Code 4. Brief Description of TO BREED AND EX 5. Principal Office Action No. and Street: 13	AICS codes, please select the code that best describes your of the Character of the Business Which is Actually Conde XHIBIT QUARTERHORSES	<u>6</u> <u>11</u> ucted in Rhode Island
NAICS Code 4. Brief Description of TO BREED AND EX 5. Principal Office Action No. and Street: 13 City or Town: No.	AICS codes, please select the code that best describes your of the Character of the Business Which is Actually Conde XHIBIT QUARTERHORSES ddress 324 CHOPMIST HILL ROAD ORTH SCITUATE State: <u>RI</u> Zip: <u>0</u> 2	<u>6</u> <u>11</u> ucted in Rhode Island 2857 Country: <u>USA</u>
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NAICS Code 4. Brief Description of TO BREED AND EX 5. Principal Office Act No. and Street: 13 City or Town: No. 6. Mailing Address of Contact Name: HEN	AICS codes, please select the code that best describes your of the Character of the Business Which is Actually Condu XHIBIT QUARTERHORSES ddress 324 CHOPMIST HILL ROAD ORTH SCITUATE State: RI Zip: 02 of Limited Liability Company and Name or Title of Contact NRY V. ROSCITI Contact Title:	<u>6</u> <u>11</u> ucted in Rhode Island 2857 Country: <u>USA</u>
NAICS Code 4. Brief Description of TO BREED AND EX 5. Principal Office Action No. and Street: 13 City or Town: No 6. Mailing Address of Contact Name: HEN No. and Street: 13	AICS codes, please select the code that best describes your of the Character of the Business Which is Actually Conde XHIBIT QUARTERHORSES ddress 324 CHOPMIST HILL ROAD ORTH SCITUATE State: RI Zip: 02 of Limited Liability Company and Name or Title of Contact IRY V. ROSCITI Contact Title: 24 CHOPMIST HILL ROAD	<u>2857</u> Country: <u>USA</u> ct Person:
NAICS Code 4. Brief Description of TO BREED AND EX 5. Principal Office Action No. and Street: 13 City or Town: No 6. Mailing Address of Contact Name: HEN No. and Street: 13	AICS codes, please select the code that best describes your of the Character of the Business Which is Actually Condu XHIBIT QUARTERHORSES ddress 324 CHOPMIST HILL ROAD ORTH SCITUATE State: RI Zip: 02 of Limited Liability Company and Name or Title of Contact NRY V. ROSCITI Contact Title:	<u>2857</u> Country: <u>USA</u> ct Person:
NAICS Code 4. Brief Description of TO BREED AND EX 5. Principal Office Act No. and Street: 13 City or Town: No. 6. Mailing Address of Contact Name: HEN No. and Street: 13 City or Town: No.	AICS codes, please select the code that best describes your of the Character of the Business Which is Actually Conde XHIBIT QUARTERHORSES ddress 324 CHOPMIST HILL ROAD ORTH SCITUATE State: RI Zip: 02 of Limited Liability Company and Name or Title of Contact IRY V. ROSCITI Contact Title: 24 CHOPMIST HILL ROAD ORTH SCITUATE State: RI Zip: 02 as of Each Manager of the Limited Liability Company, if	<u>11</u> ucted in Rhode Island <u>2857</u> Country: <u>USA</u> ct Person: <u>2857</u> Country: <u>USA</u>
NAICS Code 4. Brief Description of TO BREED AND EX 5. Principal Office Act No. and Street: 13 City or Town: No 6. Mailing Address of Contact Name: HEN No. and Street: 13 City or Town: NO Address Contact Name: City or Town: NO No. and Street: 13 City or Town: NO No. and Street: 13 City or Town: NO 7. Name and Address	AICS codes, please select the code that best describes your of the Character of the Business Which is Actually Condu- XHIBIT QUARTERHORSES ddress 324 CHOPMIST HILL ROAD ORTH SCITUATE State: RI Zip: 02 of Limited Liability Company and Name or Title of Contact IRY V. ROSCITI Contact Title: 24 CHOPMIST HILL ROAD ORTH SCITUATE State: RI Zip: 02 as of Each Manager of the Limited Liability Company, if MBERS	<u>11</u> ucted in Rhode Island <u>2857</u> Country: <u>USA</u> ct Person: <u>2857</u> Country: <u>USA</u>

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JOSEPH DEANGELIS, ESQ. ADLER POLLOCK & SHEEHAN P.C ONE CITIZENS PLAZA, 8TH FLOOR PROVIDENCE, RI 02903

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

Signed this 26 Day of September, 2016 at 3:41:14 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>HENRY V. ROSCITI</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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