State of Rhode Island a	ind Provider	nce Plantations			
Department of S			s Division		
MOPE					
Annual Report for the y	ear: ²⁰	16			201
Limited Liability Company					R.I. DE 308
→ Filing period: September 1 - November 1					9 Hay
→ Filing Fee: \$50.00				_	
→ Penalty: Additional \$25.00	tee it form	is not filed by Decer	mber 1.		
1. Entity ID Number	2. Exact name of the Limited Liability Company				D S D
139780	RWF, LLC				TATE
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
81 - Other Services (except Pub	TO OPERATE AN EQUESTRIAN BUSINESS				
5. State of Formation	1				
RI					
6. Principal Office Address			City	State	Zip
175 Main Street			North Smithfield	RI	02896
7. Mailing Address of Limited Lia		any and Name or Title	1		•
Contact Name Charles M. Ethier			Contact Title Authorized Person		
Street Address 175 Main Street			City North Smithfield	State RI	^{Zip} 02896
8. List ALL managers (names ar	nd addresse	s) of the Limited Liabi	ility Company, IF APPLICABLE	- DO NOT LIST	MEMBERS
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
			<u> </u>	Check the box to i	ndicate an attachment
9. Resident Agent in Rhode Islan	d. This infor	nation is currently of rec	ord with the Department of State.	Changes require filir	ng Form 642.
Under penalty of perjury, I decistatements, and that all statem				ny accompanyin	g schedules and
Name of Authorized Person				Date	, 1
Charles M. Either さもりにR				11/	8/16
Signature of Authorized Person		E BIRN DOC	CUMENT HERE	. /	
Chile	221	E REPORT	JOINTEN HENCE		

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov NOV 16 2016 By X 1599