



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 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. <u>266373</u>		2. Exact name of the limited liability company <u>Grace Note Farm, LLC</u>	
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>further the enjoyment of equestrian pursuits for horses enthusiasts</u>	
5. Principal office address <u>969 JACKSON Schoolhouse Rd</u>		City <u>PASCOAG</u>	State <u>RI</u> Zip <u>02859</u>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>VIRGINIA Sindelar</u>		Contact Title <u>MANAGER</u>	
Street Address <u>969 JACKSON Schoolhouse Rd</u>		City <u>PASCOAG</u>	State <u>RI</u> Zip <u>02859</u>
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name <u>VIRGINIA Sindelar</u>		Manager Name	
Street Address <u>969 JACKSON Schoolhouse Rd</u>		Street Address	
City <u>PASCOAG</u>	State <u>RI</u>	Zip <u>02859</u>	
Manager Name		Manager Name	
Street Address		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**

JAN 13 2017

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.

Virginia Sindelar 1-11-17  
Signature of Authorized Person Date

VIRGINIA Sindelar  
Print or Type Name of Authorized Person