

**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040**Domestic Limited Liability Company
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.**ANNUAL REPORT YEAR:** 2018**1. ID No.** 001668444**2. Exact Name of the Limited Liability Company** HORIZON PROPERTY RI, LLC**3. State of Formation**State: RI**ARTICLE III**Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.531110**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**LESSORS OF RESIDENTIAL BUILDINGS AND DWELLINGS**5. Principal Office Address**No. and Street: 9610 NEWBERRY DRIVECity or Town: AUSTINState: TXZip: 78729Country: USA**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**Contact Name: JOSEPH DISANTO Contact Title:No. and Street: 9610 NEWBERRY DRIVECity or Town: AUSTINState: TXZip: 78729Country: USA**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.****DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	JOSEPH DISANTO	9610 NEWBERRY DRIVE AUSTIN, TX 78729 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER

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

REGISTERED AGENTS INC. ONE RICHMOND SQUARE, SUITE 125B PROVIDENCE , RI 02906

Signed this 14 Day of September, 2018 at 2:17:38 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 ROBERT WM WHEELER
Signature of Authorized Person

Form No. 632
Revised 09/07

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State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

September 14, 2018 02:17 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

