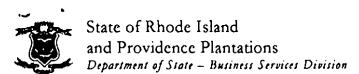
RI SOS Filing Number: 201877915570 Date: 9/20/2018 4:00:00 PM



148 W. River Street Providence, RI 02904-2615 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2018

Filing Period: September 1 - November 1 • Filing Fee: \$50.00' • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

. ID No. 93703	2. Exact name of the limited liability company Four Horsemen Realty, LLC				S Code 21317
4. Brief description of the character of the business which is actually cond Real estate			ted in Rhode Island 5. State of Formation Rhode Island		
6. Principal office address 10 Nate Whipple Highway		City Cumberland	State RI	7 <i>ip</i> 02864	
7. MAILING ADI Contact Name Peter D. Con		ILITY COMPANY ANI	D NAME OR TITLE OF CONTACT Contact Title Member	r person:	
Street Address 10 Nate Whipple Highway			City Cumberland	State RI	2 <i>ip</i> 02864
8. NAME AND AD		CER OF THE LIMITED S BEFORE USING AT	D LIABILITY COMPANY, IF APPI	LICABLE - DO NOT	LIST MEMBER
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name	· · · · · · · · · · · · · · · · · · ·		Manager Name	J	· · · · · · · · · · · · · · · · · · ·
Street Address			Street Address		
City	State	Zip	City	State	Zip
	ENT IN RHODE ISLAND	<u> </u>			
	currently of record in the Of	fice of the Secretary of S	State. Changes require filing of Form	n 642 – R.I.G.L. 7-16-1]

BYJAUL

File Date
Check No.
Ву:
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.

Signature of Authorized Person

Peter D. Conway, Member