



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

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2018

**1. ID No.** 001056054

**2. Exact Name of the Limited Liability Company** SMARTPAK EQUINE, LLC

**3. State of Formation**

State: DE

**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.

424210

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

MARKETS AND DISTRIBUTES THROUGH ON-LINE AND CATALOG SALES, EQUINE SUPPLEMENTS AND PHARMACEUTICALS IN PATENTED UNIT-DOSE PACKAGES, AS WELL AS EQUINE, CANINE AND RIDER MERCHANDISE, SUPPLIES AND ACCESSORIES.

**5. Principal Office Address**

No. and Street: 40 GRISSOM ROAD  
City or Town: PLYMOUTH State: MA Zip: 02360 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:  
No. and Street: 40 GRISSOM ROAD  
City or Town: PLYMOUTH State: MA Zip: 02360 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

| Title | Individual Name             | Address   |
|-------|-----------------------------|---|
|       | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |

|         |                    |   |
|---------|--------------------|---|
| MANAGER | STEVEN GRUBER      | 65 EAST 55TH STREET, 32ND FLOOR<br>NEW YORK, NY 10022 USA |
| MANAGER | PAAL GISHOLT       | 40 GRISSOM ROAD<br>PLYMOUTH, MA 02360 USA                 |
| MANAGER | STEVEN PALADINO    | 135 DURYE A ROAD<br>MELVILLE, NY 11747 USA                |
| MANAGER | STANLEY M. BERGMAN | 135 DURYE A ROAD<br>MELVILLE, NY 11747 USA                |
| MANAGER | MARK E. MLOTEK     | 135 DURYE A ROAD<br>MELVILLE, NY 11747 USA                |
| MANAGER | STEVEN PUCCINELLI  | 40 GRISSOM ROAD<br>PLYMOUTH, MA 02360 USA                 |
| MANAGER | PETER THORTON      | 40 GRISSOM ROAD<br>PLYMOUTH, MA 02360 USA                 |
| MANAGER | CAROL CHALLED      | 40 GRISSOM ROAD<br>PLYMOUTH, MA 02360 USA                 |
| MANAGER | PETER MCCARTHY     | 40 GRISSOM ROAD<br>PLYMOUTH, MA 02360 USA                 |
| MANAGER | DAVE MCKINLEY      | 40 GRISSOM ROAD<br>PLYMOUTH, MA 02360 USA                 |
| MANAGER | MARK PACALA        | 65 EAST 55TH STREET, 32ND FLOOR<br>NEW YORK, NY 10022 USA |

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI  
02888

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

**Signed this 28 Day of September, 2018 at 9:59:10 AM 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 MICHAEL ETTINGER  
Signature of Authorized Person

Form No. 632  
Revised 09/07