

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

**FILED**

NOV 13 2018

BY

Annual Report for the year: **2018**

Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number <b>151247</b>		2. Exact name of the Limited Liability Company <b>WINDSWEPT FARM, LLC</b>			
3. NAICS Code <b>115210</b>		4. Brief description of the character of business conducted in Rhode Island <b>Manage stables, equestrian center and provide equestrian training</b>			
5. State of Formation <b>RI</b>					
6. Principal Office Address <b>106 Birch Swamp Road</b>		City <b>Warren</b>		State <b>RI</b>	Zip <b>02885</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Michaela Scanlon</b>		Contact Title <b>Member</b>			
Street Address <b>106 Birch Swamp Road</b>		City <b>Warren</b>		State <b>RI</b>	Zip <b>02885</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>None</b>		Manager Name <b>None</b>			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name <b>None</b>		Manager Name <b>None</b>			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
<i>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.</i>					
Name of Authorized Person <b>Michaela Scanlon</b>				Date <b>10/30/18</b>	
Signature of Authorized Person <i>Michaela Scanlon</i>				SIGN DOCUMENT HERE	

## MAIL TO:

Division of Business Services

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