

RECEIVED SECRETARY OF STATE AMP CORPORATIONS DIV

2019 FEB 19 PM 3: 05 TARY OF STATE

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	2. Exact name of the Limited Liability Company HORN BYNE ENTERPRISES LLC				
3. NAICS Code 441120	4. Brief descrip	tion of the charac	eter of business conducted in Rho		
5. State of Formation R. T.					
6. Principal Office Address 340 SciTute Ave			CLANSTON	State	Zip 02921
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name MARK TANTIMONACO			Contact Title MEMBER		
Street Address 340 XITLATE AVE			CITY	State	Zip 0 292 (
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zip
		.d	Che	eck the box to indi	cate an attachment
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person MARK / AN / IMONACO				Date 2/14/19	
Signature of Authorized Person SIGN DOCUMENT HERE					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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FORM 632 - Revised: 10/2017