



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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 SECRETARY OF STATE  
 CORPORATIONS DIV

2019 MAR 15 PM 2:49

Annual Report for the year: 2019  
 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>000142690</b>		2. Exact name of the Limited Liability Company <b>Balanced Equine Nutrition, LLC</b>			
3. NAICS Code <del>4445</del> <b>115210</b>		4. Brief description of the character of business conducted in Rhode Island Equine Nutrition Supplements			
5. State of Formation RI					
6. Principal Office Address 33 Faunce Dr			City Providence	State RI	Zip 02906
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name James H Reilly			Contact Title		
Street Address 1041 Ten Rod Road, Suite B			City North Kingston	State RI	Zip 02852
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	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<b>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.</b>					
Name of Authorized Person Ray Shammass				Date 3/14/2019	
Signature of Authorized Person <i>Ray Shammass</i>			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

**FILED** ✓

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