



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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.

**FILED**

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BY

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|   |       |  |                             |                           |                     |
|---|-------|--|-----------------------------|---------------------------|---------------------|
| 1. Entity ID Number<br><b>151247</b>  |       | 2. Exact name of the Limited Liability Company<br><b>WINDSWEPT FARM, LLC</b>   |                             |                           |                     |
| 3. NAICS Code<br><b>115210</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Manage stables, equestrian center and provide equestrian training.</b> |                             |                           |                     |
| 5. State of Formation<br><b>RI</b>  |       |  |                             |                           |                     |
| 6. Principal Office Address<br><b>106 Birch Swamp Road</b>  |       |  | City<br><b>Warren</b>       | State<br><b>RI</b>        | Zip<br><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                 |
| 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<br><b>Michaela Scanlon</b>  |       |  |                             | Date<br><b>10/25/2019</b> |                     |
| Signature of Authorized Person<br><i>Michaela Scanlon</i>   |       |  |                             |                           |                     |

## MAIL TO:

Division of Business Services

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