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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2070 MAR 13 P 1: G1

Annual Report for the year: _	2017		
Limited Liability Company			
-> Filipp poriod: Contombos 4 No.			

- → 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							
155332	leadhorse LCC							
3. NAICS Code	Brief description of the character of business conducted in Rhode Island							
541213	Tax + Bruis Sumin							
5. State of Formation								
RI								
6. Principal Office Address			City		State	Zip		
3 Palmer st-	Stove front		Full	Rwr	MA	02724		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person								
Contact Name Michael	Address 3 Palm st - storeful			Contact Title Presided				
Street Address 3 Palw st	- stoneto	al	City Full	? is	State	Z:p 02724		
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	Z:p	City		State	Zip		
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zıp	City		State	Zip		
-		<u> </u>	L	Che	ck the box to indi	icate 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 Date								
Michael Regnolls 3/13/20								
Signature of Authorized Person								
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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 //05 MAR 1 8 2020