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BUSINESS DIV



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

2020 MAR 13 P 1:01

Annual Report for the year: 2016  
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<br><b>155332</b>  |       | 2. Exact name of the Limited Liability Company<br><b>Leadhorse LLC</b>                                       |                                   |                        |                     |
| 3. NAICS Code<br><b>541213</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Tax + Business Service</b> |                                   |                        |                     |
| 5. State of Formation<br><b>RI</b>  |       |  |                                   |                        |                     |
| 6. Principal Office Address<br><b>3 Palmer st - storefront</b>  |       |  | City<br><b>Fall River</b>         | State<br><b>MA</b>     | Zip<br><b>02724</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |  |                                   |                        |                     |
| Contact Name<br><b>Michael Reynolds</b>   |       |  | Contact Title<br><b>President</b> |                        |                     |
| Street Address<br><b>3 Palmer st - storefront</b>   |       |  | City<br><b>Fall Rv</b>            | State<br><b>MA</b>     | Zip<br><b>02724</b> |
| 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<br><b>Michael Reynolds</b>  |       |  |                                   | Date<br><b>3/13/20</b> |                     |
| Signature of Authorized Person<br>  |       |  |                                   |                        |                     |

**MAIL TO:**  
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BY ANTQV