

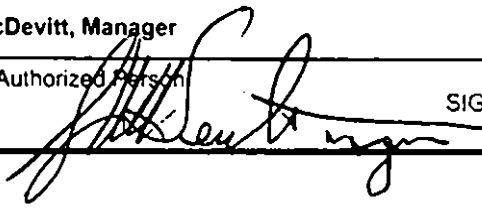


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2020**
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
STAMP
SEP 10 2020
BY 3907
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1. Entity ID Number 742478		2. Exact name of the Limited Liability Company Horsieville, LLC			
3. NAICS Code 531390		4. Brief description of the character of business conducted in Rhode Island Own, operate and manage real estate			
5. State of Formation New Hampshire					
6. Principal Office Address 267 Gilman Pond Road			City Newport	State NH	Zip 03773
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Robert J. McDevitt			Contact Title Manager		
Street Address 267 Gilman Pond Road			City Newport	State NH	Zip 03773
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Robert J. McDevitt			Manager Name		
Street Address 267 Gilman Pond Road			Street Address		
City Newport	State NH	Zip 03773	City	State	Zip
Manager Name Caryl E. McDevitt			Manager Name		
Street Address 267 Gilman Pond Road			Street Address		
City Newport	State NH	Zip 03773	City	State	Zip
Check the box to indicate an attachment ☐					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person Robert J. McDevitt, Manager				Date 1/28/20	
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