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

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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.

1. Entity ID Number	2. Exact name of the Limited Liability Company
742478	**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	City	State	Zip
267 Gilman Pond Road	**Newport**	**NH**	**03773**

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
Robert J. McDevitt	**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			Manager Name		
Robert J. McDevitt					
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.

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
Robert J. McDevitt, Manager	1/28/20

Signature of Authorized Person SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov