State of Rhode Island
Department of State - Business Services Division

2020 OCT 29 P 1:02
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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		
001186966	SPF MGMT LLC		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island		
531311	SUPPORT ACTIVITIES AT SHORT POINT FARM, JAMESTOWN, RI		
5. State of Formation			
RI			
6. Principal Office Address	City	State	Zip
C/O UNICORN CORPORATION 800 Boylston Street, Suite 810	BOSTON	MA	02116

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

Contact Name	Contact Title		
NORTON H. REAMER			
Street Address	City	State	Zip
191 COMMONWEALTH AVENUE, #51	BOSTON	MA	02116

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 ☐

9. The Resident Agent information currently of record with the RI Department of State is accurate. 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
NORTON H. REAMER	10/22/20

Signature of Authorized Person: Norton H. Reamer

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY CM N6238
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FORM 632 - Revised: 08/2020