



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: **2021**

## Limited Liability Company

→ Filing period: September 1 - November 1

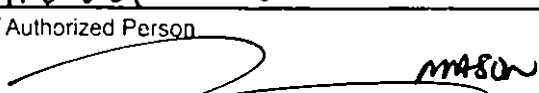
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

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BY

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|                                                                                                                                                                                                      |       |                                                                                                   |                                       |                         |                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------|---------------------|
| 1. Entity ID Number<br><b>1712272</b>                                                                                                                                                                |       | 2. Exact name of the Limited Liability Company<br><b>Sea Horse Farm, LLC</b>                      |                                       |                         |                     |
| 3. NAICS Code<br><b>531390</b>                                                                                                                                                                       |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real Estate</b> |                                       |                         |                     |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                   |       |                                                                                                   |                                       |                         |                     |
| 6. Principal Office Address<br><b>474 Wapping Road</b>                                                                                                                                               |       | City<br><b>Portsmouth</b>                                                                         |                                       | State<br><b>RI</b>      | Zip<br><b>02871</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |       |                                                                                                   |                                       |                         |                     |
| Contact Name <b>Michael W. Miller</b>                                                                                                                                                                |       |                                                                                                   | Contact Title <b>Registered Agent</b> |                         |                     |
| Street Address <b>122 Touro Street</b>                                                                                                                                                               |       | City <b>Newport</b>                                                                               |                                       | State <b>RI</b>         | Zip <b>02840</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 <b>Portsmouth</b>                                                                                                                                                                               |       |                                                                                                   | 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. 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<br><b>Michael Mason</b>                                                                                                                                                    |       |                                                                                                   |                                       | Date<br><b>11/13/21</b> |                     |
| Signature of Authorized Person<br>                                                                                |       |                                                                                                   |                                       |                         |                     |

## MAIL TO:

Division of Business Services

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