



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.

FILING STAMP

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------|--------------|
| 1. Entity ID Number<br><b>001712196</b>                                                                                                                                                                     |       | 2. Exact name of the Limited Liability Company<br><b>Horizon Partners, LLC</b>                                                                         |                         |                    |              |
| 3. NAICS Code<br>236117                                                                                                                                                                                     |       | 4. Brief description of the character of business conducted in Rhode Island<br>Architectural Design and Building, Construction and Remodeling Services |                         |                    |              |
| 5. State of Formation<br>RI                                                                                                                                                                                 |       |                                                                                                                                                        |                         |                    |              |
| 6. Principal Office Address<br>81 Crest Drive                                                                                                                                                               |       |                                                                                                                                                        | City<br>Cranston        | State<br>RI        | Zip<br>02921 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                                                                        |                         |                    |              |
| Contact Name<br>Janine V. Calise                                                                                                                                                                            |       |                                                                                                                                                        | Contact Title<br>Member |                    |              |
| Street Address<br>81 Crest Drive                                                                                                                                                                            |       |                                                                                                                                                        | City<br>Cranston        | State<br>RI        | Zip<br>02921 |
| 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. The Resident Agent information currently of record with the RI Department of State is accurate. 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<br>Robert F. Calise                                                                                                                                                               |       |                                                                                                                                                        |                         | Date<br>12/11/2021 |              |
| Signature of Authorized Person<br>                                                                                                                                                                          |       |                                                                                                                                                        |                         |                    |              |

## MAIL TO:

Division of Business Services

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