Annual Report for the year:

Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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			7973_H	<u> </u>		
1. Entity ID Number	2. Exact name of the Limited Li	ability Company				
000163578	Mill Vond	Horizons, 120				
3. NAICS Code	4. Brief description of the chara	cter of business conducted in Rho	de Island			
531000						
5. State of Formation	heal Estate	holdings				
6. Principal Office Address	1 1	City	State	Zip		
50 Cedar Sula	ma Mil	Smith Sield	MI	02917		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Sosenh	Harrison.	Contact Title Men Sec				
Street Address 50 CeM 561	Ana Mu	chy5mithsield	State / T	Zip (1907)		
8. 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			
Soxah / Agi	rison	=	3/31/0	1023		
Signature of Authorized Person						
//M///						
//- ' / (

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 **Website:** www.sos.ri.gov

MAR 31 2023 BY 16 M 8W

FORM 632 - Revised: 2/2023