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State of Rhode Island Department of State - Business Services Division

SECRETARY OF SIMILE 2024 MAY 20 PH 2: 24

Annual Report for the year: Partnership (LP, LLP, LLLP)

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

Entity ID Number	2. Exact Name of the Partnership					
000083289	Gillan Family Limited Partnership					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
111150	None CORN FARMUNG					
5. State of Formation						
RI						
6. Principal Office Address			City		State	Zip
200 Fallen Timber Trl.			Deland		FL	32724
7. The name and business addr LP and LLLP only: an amendment i					tic) or Form	351 (foreign).
PARTNER	BUSINESS ADDRESS					
Susan A. Collins		27 Seacrest Dr. Portsmouth, RI 02871				
David H. Dillman	200 Fallen Timber Trl. Deland, FL 32724					
					7 - 11 - 1	
8. Under penalty of perjury, I de and correct.	clare and affirm t	hat I have exam	ined this report, and	that all staten	nents conta	ined herein are true
Name of General Partner or A		Date				
David H. Dillman		5/13/2024				
Signature of General Partner of	or Authorized Re	presentative		•		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov MAY 20 2024 V MAY AA