



State of Rhode Island  
Department of State - Business Services Division

REC'D: R1005 BSD  
25 APR 16 AM 11:44:46  
np

Annual Report for the year: 2025

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.

|                                                                                                                                                                                                             |                                                                                                                                                                                                     |                                 |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------|
| 1. Entity ID Number<br><b>001750726</b>                                                                                                                                                                     | 2. Exact name of the Limited Liability Company<br><b>Hunter Ridge, LLC</b>                                                                                                                          |                                 |                     |
| 3. NAICS Code<br><b>112920</b>                                                                                                                                                                              | 4. Brief description of the character of business conducted in Rhode Island<br><b>buy, keep, and sell horses, and operate an equestrian center and horse riding academy, all ancillary purposes</b> |                                 |                     |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                          |                                                                                                                                                                                                     |                                 |                     |
| 6. Principal Office Address<br><b>93 Prosser Trail</b>                                                                                                                                                      | City<br><b>Charlestown</b>                                                                                                                                                                          | State<br><b>RI</b>              | Zip<br><b>02813</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |                                                                                                                                                                                                     |                                 |                     |
| Contact Name<br><b>Wendy Brayman</b>                                                                                                                                                                        |                                                                                                                                                                                                     | Contact Title<br><b>Manager</b> |                     |
| Street Address<br><b>93 Prosser Trail</b>                                                                                                                                                                   |                                                                                                                                                                                                     | City<br><b>Charlestown</b>      | State<br><b>RI</b>  |
|                                                                                                                                                                                                             |                                                                                                                                                                                                     | Zip<br><b>02813</b>             |                     |
| 8. 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><b>Wendy Brayman</b>                                                                                                                                                           |                                                                                                                                                                                                     | Date<br><b>4/9/25</b>           |                     |
| Signature of Authorized Person<br>                                                                                       |                                                                                                                                                                                                     |                                 |                     |

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