



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 156862		2. Exact name of the limited liability company SALTWOOD FARM LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island HORSE FARM			
5. Principal office address 15 SACHUEST DRIVE		City MIDDLETOWN	State RI	Zip 02842	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ELIZABETH A. GALLIPEAU			Contact Title MANAGER		
Street Address 15 SACHUEST DRIVE		City MIDDLETOWN	State RI	Zip 02842	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS (X BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name ELIZABETH A. GALLIPEAU			Manager Name		
Street Address 15 SACHUEST DRIVE			Street Address		
City MIDDLETOWN	State RI	Zip 02842	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name ELIZABETH A. GALLIPEAU			Address		
Address 15 SACHUEST DRIVE			City MIDDLETOWN	Zip 02842-	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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.

Elizabeth A Gallipeau 10-17-07
Signature of Authorized Person Date

Elizabeth A GALLIPEAU
Print or Type Name of Authorized Person

FILED	
File Date	OCT 26 2007
Check No.	By 1184
By:	
FOR SECRETARY OF STATE USE ONLY	