RI SOS Filing Number: 202212819270 Date: 3/14/2022 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

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| RV | 17021 | A company |

Annual Report for the year: 2022 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.

| Entity ID Number 2. Exact name of the Limited Liability Company | | | | | | |
|--|-----------------------------------|------------------------------|--|----------------------|--|--|
| 1716099 , Third Beach Pony Farm LLC | | | | | | |
| 4. Brief description of the character of business conducted in Rhode Island | | | | | | |
| 5. State of Formation | | | | | | |
| RI | | | | | | |
| 6. Frincipal Office Address | | City | State | Zip | | |
| 122 Touro Street | - Commence | Newport | RI - | 02840 | | |
| 7. Mailing Address of Limited Lia | ability Company and Name or Title | of Contact Person | * | | | |
| Contact Name Turner C. Scott | | Contact Title Resident Agent | | | | |
| Street Address 122 Touro Str | eet | City Newport | State RI | ^{Zip} 02840 | | |
| 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 / | 1 | | | |
| DWIGHT DSI | | 2/11 | 1/22 | | | |
| Signature of Authorized Person | | | | | | |
| Durant D la | ra da | | | | | |

MAIL TO:

Division of Business Services

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

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