



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. 139791		2. Exact name of the limited liability company MCKENDALL PROPERTIES, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE INVESTMENT AND MANAGEMENT	
5. Principal office address 3301 SOUTH COUNTY TRAIL		City EAST GREENWICH	State RI
		Zip 02818	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name OUELLET LAW OFFICE		Contact Title MARK C. OUELLET, ESQ.	
Street Address 1119 RESERVOIR AVENUE		City CRANSTON	State RI
		Zip 02910	
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 MARIACRISTINA C. MCKENDALL		Manager Name	
Street Address 103 RICHARD SMITH DRIVE		Street Address	
City NORTH KINGSTOWN	State RI	City	State
Zip 02852		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 MARK C. OUELLET, ESQ.		Address 1119 RESERVOIR AVENUE	
Address		City CRANSTON	Zip 02910

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

139791

File Date	FILED
Check No.	OCT 01 2007
By:	By <u>2839</u>
FOR SECRETARY OF STATE USE ONLY	

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.

Mariacristina C. Mckendall VP 9/27/07
Signature of Authorized Person Date

MARIACRISTINA C. MCKENDALL

Print or Type Name of Authorized Person