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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.	2. Exact name of the limited liability company
119630	MACDOUGALL FAMILY I, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	REAL ESTATE

5. Principal office address	City	State	Zip
39 Church Street	Westborough	MA	01581

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
DOUGLAS E. MACDOUGALL	

Street Address	City	State	Zip
39 Church Street	Westborough	MA	01581

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) ☐

Manager Name	Manager Name
DOUGLAS E. MACDOUGALL	GORDON P. MACDOUGALL
Street Address	Street Address
39 Church Street	3913 NORTH DUMBARTON STREET
City / State / Zip	City / State / Zip
Westborough / MA / 01581	ARLINGTON / VA / 22207
Manager Name	Manager Name
SUSAN B. MACDOUGALL	HARRIET M. QUIRK
Street Address	Street Address
42 PLAIN ROAD	67 FOREST STREET
City / State / Zip	City / State / Zip
WAYLAND / MA / 01778	SUDBURY / MA / 01776

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address
SANDRA MATRONE MACK, SEC.	50 KENNEDY PLAZA, SUITE 1500
Address	City / Zip
HINCKLEY, ALLEN & SNYDER LLP	PROVIDENCE / 02903

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

[redacted] 119630 [redacted]

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.

9/3/07
Signature of Authorized Person *Date*

DOUGLAS MACDOUGALL
Print or Type Name of Authorized Person

FILED
File Date OCT 12 2007
Check No. 189631
By
FOR SECRETARY OF STATE USE ONLY

[redacted]

15855-17-194885

Form 632 Rev. 07/07