



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 2008

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. 101081		2. Exact name of the limited liability company 1892 WAREHOUSES, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO OWN, LEASE, RENT, SELL AND MANAGE REAL ESTATE			
5. Principal office address 59 CENTRAL STREET		City PROVIDENCE	State RI	Zip 02907	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name KEVIN P. KERNAN		Contact Title			
Street Address 59 CENTRAL STREET		City PROVIDENCE	State RI	Zip 02907	
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 Kevin P. Kernan		Manager Name None			
Street Address 219 Oak Tree Avenue		Street Address			
City Warwick	State RI	Zip 02888	City	State	Zip
Manager Name None		Manager Name None			
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 MARK A. CHARLESON, ESQUIRE		Address			
Address 928 PARK AVENUE		City CRANSTON		Zip 02910	

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

File Date	10-22-08
Check No.	380
By	MNC
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.

Signature of Authorized Person

Date

Kevin P. Kernan

Print or Type Name of Authorized Person