



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

**Fee: \$50.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

*Filing Period: September 1 - November 1*

*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.*

**ANNUAL REPORT YEAR: 2011**

**1. ID No. 000092616**

**2. Exact Name of the Limited Liability Company KELLS FAMILY ASSOCIATES, LLC**

**3. State of Formation**

State: RI

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

ACQUIRING, DEVELOPING, OWNING, LEASING MORTGAGING, OPERATING AND  
DISPOSING OF REAL PROPERTY OR INTERESTS THEREIN, WHEREVER LOCATED.

**5. Principal Office Address**

No. and Street: 200 WOODVILLE ALTON RD

City or Town: HOPE VALLEY

State: RI

Zip: 02832

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: PATRICIA KELLS Contact Title: PRESIDENT

No. and Street: 200 WOODVILLE ALTON RD

City or Town: HOPE VALLEY

State: RI

Zip: 02832

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

| Title | Individual Name             | Address                                         |
|-------|-----------------------------|-------------------------------------------------|
|       | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |

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

PATRICIA KELLS 200 WOODVILLE ALTON ROAD HOPE VALLEY , RI 02832-

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

**Signed this 25 Day of August, 2011 at 4:44:56 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By PATRICIA KELLS  
Signature of Authorized Person

Form No. 632  
Revised 09/07

© 2007 - 2011 State of Rhode Island and Providence Plantations  
All Rights Reserved