



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 2011**

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* 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)(v)) is subject to a penalty fee of \$25.00.

1. ID No. 487667		2. Exact name of the limited liability company McKinnon & Harwood, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Legal Services			
5. Principal office address 1168 Newport Avenue		City Pawtucket	State RI	Zip 02861	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Daniel V. McKinnon			Contact Title		
Street Address 1168 Newport Avenue		City Pawtucket	State RI	Zip 02861	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Daniel V. McKinnon			Manager Name John B. Harwood		
Street Address 1168 Newport Avenue			Street Address 1168 Newport Avenue		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

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

487667

FILED

File Date	SEP 01 2011
Check No.	By <u>mmc</u>
By:	<u>24437</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.

Daniel V. McKinnon  
Signature of Authorized Person Date

Daniel V. McKinnon  
Print or Type Name of Authorized Person