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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 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&c)) is subject to a penalty fee of $25.00.*

1. ID No	2. Exact name of the limited liability company
140729	Kinney Faella Family Real Estate, 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
2391 Kingstown Road	Kingston	Rhode Island	02881

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

Contact Name	Contact Title
Elizabeth Faella	

Street Address	City	State	Zip
2391 Kingstown Road	Kingston	Rhode Island	02881

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	Street Address	City	State	Zip
Helen F. Northup	350 St. Peter Street #401	St. Paul	Minnesota	55102
Steffanie T. Windus	P.O. Box 265	Kingston	Rhode Island	02881
Antonio W. Faella	2391 Kingstown Road	Kingston	Rhode Island	02881

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).

[redacted]

FILED

File Date OCT 07 2011
Check No. 481
By: W

FOR SECRETARY OF STATE USE ONLY
68379-21-687217

[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.

Elizabeth Faella 8/25/2011
Signature of Authorized Person *Date*

[redacted]

ELIZABETH P. FAELLA
Print or Type Name of Authorized Person

Form 632 Rev. 08/08