RI SOS Filing Number: 201184116000 Date: 10/13/2011 4:00 PM

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
321645	McCarrick Properties, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Delaware	Management of real estate

5. Principal office address	City	State	Zip
11 Clearwater Drive	Mattapan	MA	02126

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

Contact Name	Contact Title
Jane or Robert McCarrick	managers

Street Address	City	State	Zip
11 Clearwater Drive	Mattapan	MA	02126

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
Jane McCarrick	Robert McCarrick
Street Address	Street Address
11 Clearwater Drive	11 Clearwater Drive
City / State / Zip	City / State / Zip
Mattapan / MA / 02126	Mattapan / MA / 02126
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).

321645

FILED

File Date OCT 13 2011
Check No. 1035
By: JV

FOR SECRETARY OF STATE USE ONLY

68557-4-687338

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.

Jane McCarrick 10/11/2011
Signature of Authorized Person *Date*

Jane McCarrick, manager
Print or Type Name of Authorized Person

Form 632 Rev. 08/08