

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 149025 2. Exact name of the limited liability company Patrick L. McKinney, Attorney at Law, LLC 3. State of Formation Rhode Island 4. Brief description of the character of business conducted in Rhode Island Law Office, Attorney 5. Principal office address 24 Salt Pond Road, Suite C-4 6. MalLing Address OF Limited Liability Company and Name or Title OF Contact Person: Contact Name Patrick L. McKinney Street Address 24 Salt Pond Road, Suite C-4 City Wakefield Ri Zip 02879 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMB ("X" BOX FOR ATTACHMENT) Manager Name Patrick L. McKinney Street Address Street Address								
3. State of Formation Rhode Island 4. Brief description of the character of business conducted in Rhode Island Law Office, Attorney City Wakefield RI Zip 02879 6. MARLING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Patrick L. McKinney Street Address 24 Saft Pond Road, Suite C-4 City Wakefield Ri Zip 02879 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMB ("X" BOX FOR ATTACHMENT) Manager Name Patrick L. McKinney Street Address 24 Saft Pond Road, Suite C-4 City Wakefield Manager Name None Street Address 24 Saft Pond Road, Suite C-4 City Wakefield Manager Name None Manager Name None Manager Name None Manager Name None	1. Entity ID No.							
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Manager Name Patrick L. McKinney Manager Name None						Zip 02879		
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8. RESIDENT AGENT IN RHODE ISLAND								
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642,	This information is curr	ently of record in th	e Office of the Secre	tary of State. Changes require	filing Form 642.			

File Date	FILED	this report, including any accompanying schedu	
		and that all statements contained herein are true	e and correct.
Check No	SEP 0 7 2012	LILICIAN NACHONA	ZL
Ву:	= 90 V	signature of Authorized Person	Date
FOR SECRETARY OF STATE USE ONLY	JN/	Patrick L. McKinney, Manager	
FOR SECRETARY OF STATE USE UNLY	/	Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012