



**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  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2013**

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. <b>573219</b>		2. Exact name of the limited liability company <b>MCKENNA REALTY, LLC</b>			
3. State of Formation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Purchase, Sale, Ownership, Rental and Management of Real Estate</b>			
5. Principal office address <b>36 Trent Street</b>		City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>	
6. LIST ALL ADDRESSES OF LIMITED LIABILITY COMPANY AND NAME OF THE PERSON TO CONTACT					
Contact Name <b>Kelly LeClair</b>		Contact Title <b>Manager</b>			
Street Address <b>Same as above</b>		City	State	Zip	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (*X BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>Kelly LeClair</b>		Manager Name			
Street Address <b>Same as above</b>		Street Address			
City	State	Zip	City	State	Zip
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 Form 642.					

**FILED**

**OCT 09 2013**

File Date \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 By: \_\_\_\_\_  
 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.

*Kelly LeClair*      9/19/13  
 Signature of Authorized Person      Date

**Kelly LeClair**  
 Print or Type Name of Authorized Person