



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 **2015**

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>000119630</b>		2. Exact name of the limited liability company <b>MacDougall Family I, LLC</b>			
3. State of Formation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Real Estate</b>			
5. Principal office address <b>39 Church Street</b>		City <b>Westborough</b>		State <b>MA</b>	Zip <b>01581</b>
Contact Name <b>Douglas MacDougall</b>		Contact Title <b>Manager</b>			
Street Address <b>39 Church Street</b>		City <b>Westborough</b>		State <b>MA</b>	Zip <b>01581</b>
FIRST AND LAST NAME AND ADDRESS OF THE INDIVIDUAL OR COMPANY IF APPLICABLE DO NOT SIGN THIS AS ANY BODY OR AUTHORITY					
Manager Name <b>Douglas MacDougall</b>		Manager Name			
Street Address <b>888 Worcester Street; Suite 370</b>		Street Address			
City <b>Wellesley</b>	State <b>MA</b>	Zip <b>02402-3753</b>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
RESIDENTS OF RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED**

**AUG 11 2015**

**KL 1034**



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.

Signature of Authorized Person

Date

**Douglas MacDougall**  
Print or Type Name of Authorized Person