



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. 154036		2. Exact name of the limited liability company Karrinick Realty, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Business of commercial real estate investment, development and management.			
5. Principal office address c/o Wickford Dental Assoc. Inc. Suite 104		320 Phillips St.	City North Kingstown	State RI	Zip 02852
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Paul Boscia			Contact Title		
Street Address c/o Wickford Dental Assoc., Inc. Suite 104		320 Phillips St.	City North Kingstown	State RI	Zip 02852
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 N/A			Manager Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name N/A			Manager Name N/A		
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

APR 28 2016

BY **LL 273161**

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CORPORATIONS DIV
2016 APR 28 AM 11:57

File Date _____

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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.

Signature of Authorized Person

Date

Print or Type Name of Authorized Person