



**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>154036</b>		2. Exact name of the limited liability company <b>Karrinick Realty, LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Business of commercial real estate investment, development and management</b>			
5. Principal office address <b>c/o Wickford Dental Assoc. Inc. 320 Phillips St. Suite 104</b>		City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	
<b>MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>					
Contact Name <b>Paul Boscia</b>			Contact Title		
Street Address <b>c/o Wickford Dental Assoc. Inc. 320 Phillips St. Suite 104</b>		City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	
<b>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"/></b>					
Manager Name <b>N/A</b>		Manager Name <b>N/A</b>			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name <b>N/A</b>		Manager Name <b>N/A</b>			
Street Address		Street Address			
City	State	Zip	City	State	Zip
<b>8. RESIDENT AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED**

**APR 28 2016**

BY le 273161  
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 Check No \_\_\_\_\_  
 By: \_\_\_\_\_

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 **3-1-16**  
 Print or Type Name of Authorized Person **Paul Boscia**