



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 2009

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

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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

Paul Boscia

Print or Type Name of Authorized Person