	State of Rhode Island and Providence Plantations Office of the Secretary of State	Fee: \$50
	Division Of Business Services	
	148 W. River Street	
	Providence RI 02904-2615 (401) 222-3040	
HOPE	(401) 222-3040	
imited Liability	Company	
nnual Report	iber 1 - November 1	
	.I.G.L. 7-16-66(d), each limited liability company failing or refusing rt within thirty (30) days after the time prescribed by law (R.I.G.L. 7-	
6-66(b&c)) is subject	t to a penalty fee of \$25.00.	
ANNUAL REPORT Y	<b>(EAR:</b> <u>2016</u>	
1. ID No. <u>00081</u>	<u>12172</u>	
2. Exact Name of t	the Limited Liability Company McGinnes Cole, LLC	
3. State of Formati	ion	
State: DI		
State: <u>RI</u>		
	ARTICLE III	
	ARTICLE III	
	ARTICLE III NAICS codes, please select the code that best describes your business.	
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Using the following N	NAICS codes, please select the code that best describes your business.	e Island
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Using the following N NAICS Code 4. Brief Description PROPERTY HOLI 5. Principal Office A No. and Street: City or Town: 6. Mailing Address	NAICS codes, please select the code that best describes your business.         Image: Select the Character of the Business Which is Actually Conducted in Rhode         DING COMPANY.         Address         1       DILLON PASS WESTON         State: CT       Zip: 06883         Country: L         of Limited Liability Company and Name or Title of Contact Person:	
Using the following N NAICS Code 4. Brief Description PROPERTY HOLI 5. Principal Office A No. and Street: City or Town: 6. Mailing Address Contact Name: Co	AAICS codes, please select the code that best describes your business.	
Using the following N NAICS Code 4. Brief Description PROPERTY HOLI 5. Principal Office A No. and Street: City or Town: 6. Mailing Address	NAICS codes, please select the code that best describes your business.         Image: Select the Character of the Business Which is Actually Conducted in Rhode         DING COMPANY.         Address         1       DILLON PASS WESTON         State: CT       Zip: 06883         Country: L         of Limited Liability Company and Name or Title of Contact Person:	<u>JSA</u>
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Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

REGISTERED AGENTS INC ONE RICHMOND SQUARE, SUITE 125B PROVIDENCE, RI 02906

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 13 Day of September, 2016 at 2:24:20 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>MERRILY COLE</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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