State of Rhode Island and Pro Department of State				
Annual Report for the year:	2016			
Limited Liability Company				
 → Filing period: September 1 - No → Filing Fee: \$50.00 	vember 1			

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact na	ame of the Limite	ed Liability Company				
943998	KINSLEY MANAGER, LLC						
3. NAICS Code	Brief description of the character of business conducted in Rhode Island						
53 - Real Estate and Rental a	TO OWN, OPERATE AND LEASE REAL ESTATE						
5. State of Formation	1						
RI					•		
6. Principal Office Address			City	State	Zip		
46 ABORN STREET, 4TH FLOOR			PROVIDENCE	RI	02903		
7. Mailing Address of Limited Lia	bility Compa	iny and Name oi					
Contact Name LINDA DEANGELIS			Contact Title CONTROLLE	Contact Title CONTROLLER			
Street Address 46 ABORN STREET, 4TH FLOOR			City PROVIDENCE	State RI	^{Zip} 02903		
8. List ALL managers (names ar	nd addresses	s) of the Limited	Liability Company, IF APPLICAB	LE - DO NOT LIST	MEMBERS		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
		1		Check the box to	ndicate an attachment		
9. Resident Agent in Rhode Islan	ıd. This inform	ation is currently o	of record with the Department of State	e. Changes require filir	ng Form 642.		
Under penalty of perjury, I dec statements, and that all statem			examined this report, including true and correct.	any accompanyin	g schedules and		
Name of Authorized Person				Date			
ARNOLD B. CHACE, JR.				21.80.80			
Signature of Authorized Person	A	& BIGIN	OCUMENT HERE				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

SEP 1 2 2016

RM 632 - Revised: 08/2016