	State of Rhode Island and Pro Office of the Secreta		<b>IS</b> Fee: \$50.00
Division Of Business Services 148 W. River Street			
Providence RI 02904-2615			
(401) 222-3040			
Limited Liability Con	npany		
Annual Report Filing Period: September 1	- November 1		
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2016			
1. ID No. <u>000103975</u>			
2. Exact Name of the Limited Liability Company McMahon Family Association, L.L.C.			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Using the following NAICS codes, please select the code that best describes your business.			
NAICS Code		6	<u>53</u>
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
COMMERCIAL REAL ESTATE HOLDINGS			
5. Principal Office Addre			
No. and Street: <u>11 JENCKE'S COURT</u> City or Town: <u>NARRAGANSETT</u> State: <u>RI</u> Zip: <u>02882</u> Country: <u>USA</u>			
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: ALDA P MCMAHON Contact Title: MANAGER			
No. and Street: P.O. BOX 101			
-	<u>NCKES COURT</u> RAGANSETT State: <u>RI</u>	Zip: <u>02882-0101</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Addr	ess
	First, Middle, Last, Suffix	Address, City or Town, St	tate, Zip Code, Country
MANAGER	ALDA P. MCMAHON	P.O. NARRAGANSETT	BOX 101 Γ, RI 02882 US

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ALDA MCMAHON 11 JENCKE'S COURT P.O. BOX 101 NARRAGANSETT, RI 02882

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

**Signed this 26 Day of September, 2016 at 2:48:12 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 ALDA P MCMAHON

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$  2007 - 2016 State of Rhode Island and Providence Plantations All Rights Reserved