



**State of Rhode Island and Providence Plantations**  
**Office of the Secretary of State**

Division Of Business Services  
 148 W. River Street  
 Providence RI 02904-2615  
 (401) 222-3040

Fee: \$50.00

| [LOGOUT](#) |

**Limited Liability Company  
 Annual Report**

Filing Period: September 1 - November 1

[?](#)  
 Help with this form

*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:**

**1. ID No.**

**2. Exact Name of the Limited Liability Company**

**3. State of Formation**  
 State:

**ARTICLE III**

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

**FILED**  
 OCT 27 2016

**5. Principal Office Address** BY

No. and Street:

City or Town:  State:  Zip:  Country:

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name:  Contact Title:

No. and Street:

31 FRIENDSHIP STREET

City or Town:

WESTERLY

State: RI

Zip: 02891

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Delete	Name	Address
		Address, City or Town, State, Zip Code, Country
<input type="checkbox"/>	ANDY MCCASLN	97 BRANCH HIL ROAD PRESTON, CT 06365 USA

First Name:  Middle Name:  Last Name:  Suffix:   
 Address:  City:  State:  Zip:  Country:

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

ANDREW D. MCCASLIN 31 FRIENDSHIP STREET WESTERLY , RI 02891

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

The Department of State tracks the number of new business filings on a quarterly and annual basis. By answering the following three voluntary questions, you will help us better present useful trends and information on the health of our economy.

1 Select all that apply) - Does the business owner self-identify as any of the following:

- Woman
- Veteran
- Disabled

Member of a socially and economically disadvantaged group (i.e., as defined under the US Small Business Administration's 8(a) Program: Black, Hispanic, Native American, Asian Pacific or Subcontinent Asian American)

2 How many full time employees does the business have:

- 0-5
- 6-50
- 51-200
- 201-500
- Over 500

3 What are the gross revenues for the business for the past year:

- \$0 - \$50,000
- \$51,000 - \$250,000
- \$251,000 - \$500,000
- \$501,000 - \$1,000,000
- Over \$1,000,000

**FILED**  
 OCT 27 2016  
 1111 22  
 BY CJG 18400

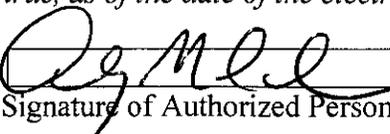
**Filer's Contact Information**

(Enter a contact name, mailing address and email.)

Contact Name:		
Business Name:	MCCASLIN LLC	
No. and Street:	31 Friendship ST	- Same Address as - <input type="checkbox"/>
City or Town:	Westport	State: <input type="text" value="RI"/> Zip: <input type="text" value="02891"/> Country: <input type="text"/>
Contact Phone:		
Contact Email:		<input type="button" value="Clear"/>

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

**Signed this 23 Day of September, 2016 at 11:16:40 AM 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   
Signature of Authorized Person

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-16. You hereby agree that any legal issues or causes of action arising from the submission of this

Accept  Decline

[Click HERE to Submit This Information](#)

Form No. 632  
Revised 09/07

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BY 18400 DS  
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