(B)	State of Rhode Island and Providence Plantations Department of State - Business Services Division
норег	Department of State - Business Services Division

Annual Report for the year:	2016					
Limited Liability Company						
→ Filing period: September 1 - November 1						

- → Filing period: September 1 November 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact r	name of the Limi	ted Liability Company				
127309		Exact name of the Limited Liability Company MT. VERNON, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island						
53		Real Estate Management					
5. State of Formation							
Rhode Island							
6. Principal Office Address			City	State	Zip		
95 Long Wharf			Newport	RI	02840		
7. Mailing Address of Limited	Liability Comp	any and Name o	or Title of Contact Person				
Contact Name Mark J. Brenna	ın		Contact Title	Contact Title			
Street Address 95 Long Whar	f		City Newport	State RI	^{Zip} 02840		
8. List ALL managers (names	and addresse	s) of the Limited	Liability Company, IF APPLIC	ABLE - DO NOT LIST I	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		
				Check the box to in	ndicate an attachment		
Resident Agent in Rhode Is	land. This inform	mation is currently	of record with the Department of S	tate. Changes require filin	g Form 642.		
Under penalty of perjury, I d statements, and that all stat	eclare and aff	firm that I have	examined this report, include	ing any accompanying	g schedules and		
Name of Authorized Person	-	<u> </u>		Date	1		
Mark J. Brennan							
Signature of Authorized Perso		algn.	DOCUMENT HERE				
			·				

MAIL TO:

Division of Business Services

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

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

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