



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year:** 2017  
**Limited Liability Company**

- 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<br><b>1664758</b>                                                                                                                                                                       |       | 2. Exact name of the Limited Liability Company<br><b>17 McKay St., LLC</b>                            |                    |                        |     |
| 3. NAICS Code<br><b>53110</b>                                                                                                                                                                               |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>RENTAL PROPERTY</b> |                    |                        |     |
| 5. State of Formation<br><b>R.I.</b>                                                                                                                                                                        |       |                                                                                                       |                    |                        |     |
| 6. Principal Office Address<br><b>27 McKay Court</b>                                                                                                                                                        |       | City<br><b>WARWICK</b>                                                                                | State<br><b>RI</b> | Zip<br><b>02889</b>    |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                       |                    |                        |     |
| Contact Name<br><b>MAI NGO</b>                                                                                                                                                                              |       | Contact Title<br><b>PRINCIPAL</b>                                                                     |                    |                        |     |
| Street Address<br><b>27 McKay Court</b>                                                                                                                                                                     |       | City<br><b>WARWICK</b>                                                                                | State<br><b>RI</b> | Zip<br><b>02889</b>    |     |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |       |                                                                                                       |                    |                        |     |
| Manager Name                                                                                                                                                                                                |       | Manager Name                                                                                          |                    |                        |     |
| Street Address                                                                                                                                                                                              |       | Street Address                                                                                        |                    |                        |     |
| City                                                                                                                                                                                                        | State | Zip                                                                                                   | City               | State                  | Zip |
| Manager Name                                                                                                                                                                                                |       | Manager Name                                                                                          |                    |                        |     |
| Street Address                                                                                                                                                                                              |       | Street Address                                                                                        |                    |                        |     |
| City                                                                                                                                                                                                        | State | Zip                                                                                                   | City               | State                  | Zip |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                            |       |                                                                                                       |                    |                        |     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.                                                                   |       |                                                                                                       |                    |                        |     |
| <b>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</b> |       |                                                                                                       |                    |                        |     |
| Name of Authorized Person<br>                                                                                                                                                                               |       |                                                                                                       |                    | Date<br><b>9-15-17</b> |     |
| Signature of Authorized Person                                                                                                                                                                              |       |                                                                                                       |                    |                        |     |
| SIGN DOCUMENT 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](http://www.sos.ri.gov)

**FILED**

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