



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

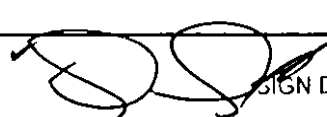
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FOR  
 SECRETARY OF STATE  
 USE ONLY

**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>000119629</b>   |                    | 2. Exact name of the Limited Liability Company<br><b>MacDougall Family II, LLC</b>                |                    |
| 3. NAICS Code<br><b>- 531110</b>  |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real Estate</b> |                    |
| 5. State of Formation<br><b>RI</b>  |                    |   |                    |
| 6. Principal Office Address<br><b>39 Church Street</b>  |                    | City<br><b>Westborough</b>  | State<br><b>MA</b> |
|   |                    | Zip<br><b>01581</b>   |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |                    |   |                    |
| Contact Name<br><b>Douglas MacDougall</b>   |                    | Contact Title<br><b>Manager</b>   |                    |
| Street Address<br><b>39 Church Street</b>   |                    | City<br><b>Westborough</b>  | State<br><b>MA</b> |
|   |                    | Zip<br><b>01581</b>   |                    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS  |                    |   |                    |
| Manager Name<br><b>Douglas MacDougall</b>   |                    | Manager Name  |                    |
| Street Address<br><b>888 Worcester Street, Suite 370</b>  |                    | Street Address  |                    |
| City<br><b>Wellesley</b>  | State<br><b>MA</b> | Zip<br><b>02402</b>   |                    |
| Manager Name  |                    | Manager Name  |                    |
| Street Address  |                    | Street Address  |                    |
| City  | State              | Zip   |                    |
| Manager Name  |                    | Manager Name  |                    |
| Street Address  |                    | Street Address  |                    |
| City  | State              | Zip   |                    |
| <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>  |                    |   |                    |
| 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><b>Douglas MacDougall</b>  |                    | Date  |                    |
| 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

**FILED**

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