RI SOS Filing Number: 201750127850 Date: 9/20/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

SF

→ 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 name of the Limited Liability Company					
1/11 22	McCASLIN L.C.C					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
452319	Pa	tail	Stre / Pet	NUISE	y	
5. State of Formation	Retail Stine/Pet, Nursery Lawn+ Garden					
6. Principal Office Address			City	State	Zip	
31 Friendalio ST			Westerly	RI	02891	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name ANUY McGSL.D			Contact Title OWN LE			
Studies Frandisio ST			City Wester (,	State 2	Zip 02881_	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name HNDY McCarlo			Manager Name			
Street Address Branch Hill Rd.			Street Address			
City-Preston		206365	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
Check the box to indicate an attachment						
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.						
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.						
Name of Authorized Person ANOY McCAS L				Date 9 - 15 - 17		
Signature of Authorized Rerson SIGN DOCUMENT HERE						
- Congression						

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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