State of Rhode Island and Providence Plantations Department of State - Business Services Division							
Department of State	Business	Services	Division				
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FOR RECRETATY OF STRIF. LOT- OMEY

Annual Report for the year: 2017
Limited Liability Company

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

1. Entity ID Number 872267	2. Exact name of the Limited Liability Company McCann Machinery, LLC								
4. Brief description of the character of business conducted in Rhode Island Machinery Sales 5. State of Formation Rhode Island									
6. Principal Office Address			City	State	Ζip				
59 LaSalle Drive			Providence	RI	02908				
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person									
Contact Name Frank L. McCarm			Contact Title Member						
Street Address 89 LaSalle Drive			^{City} Providence	State RI	Zip 62808				
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS									
Decegir Namo			Manager Name						
Street Address			Street Address						
ON	State	Ziρ	City	State	Zlp				
Manager Name			Manager Name						
Street Address			Street Address						
City	State	Zb	City	State	Zbp				
	<u>'</u>	<u></u>	<u> </u>	Check the box to in	ndicate an attachment				
9. Resident Agent in Rhode Island. This Information is currently of record with the Department of State. Changes require fling 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									
Frank L. HcCann 9-20-2017									
Signature of Authorized Parson Sign DOCUMENT HERE									

MAIL TO:

Otvision of Business Services

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

Phone: (401) 222-3040 Website: www.sos.rl.gov FILED OV

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FORM 632 - Revised: 02/2017