

STAMP

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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company				
872267	McCann Machinery, LLC				
3 NAICS CAMP	4. Brief description of the character of business conducted in Rhode Island				
101310	Machinery Sales				
5. State of Formation					
Rhode Island					
6. Principal Office Address			City	State	Zip
59 LaSalle Drive			Providence	Rd	02908
7. Meiling Address of Limited Li	ability Compa	my and Name or			
Contact Name Frank L. McCarm			Contact Title Member		
Street Address 59 LaSatte Drive	1		<sup>City</sup> Providence	State RI	<sup>Zip</sup> 82808
8. List ALL managers (names a	md addresse	s) of the Limited	Liability Company, IF APPLICAL	BLE - DO NOT LIST I	MEMBERS
Recogar Name			Stanzger Name		
Street Address			Street Address		
CRY	State	Ziρ	City	State	Zlp
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zb	City	State	Zlp
			<del>, 32</del>	Check the box to i	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. HeCann 9-20-2017					
Signature of Authorized Porson 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.rl.gov

FORM 632 - Revised: 02/2017