- → 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				
000103975	Mc Mahan Family a scare tien L.L.C.				
3. NAICS Code	Mc Mahan Family association, L.L.C. 4. Brief description of the character of business conducted in Rhode Island				
53 (3 Lt	Comme	ercial	Real Estate Holdings		
R.I.					
6. Principal Office Address	<u> </u>	· · · · · · · · · · · · · · · · · · ·	City	State	Zip
11 Jencke's Court			Narragansett		02.882
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Aldr P. McMahan Street Address P. O. Box 101			Contact Title Mana & C.r.		
I Jencke's Court			City Norraganse H	State R.T.	Zip 02882
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Some Waltake			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zıp
Check the box to indicate an attachmen					
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				Date	
Alda P. Mc Mahon Signature of Authorized Person Alda P. Mc Mahon				10-11-17	
Signature of Authorized Person					
alla P. Mc maken					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 **Website:** www.sos.ri.gov

