



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2017

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>1002845</b>		2. Exact name of the limited liability company <b>Marcil Realty, LLC</b> <b>(531110)</b>	
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Own and Manage Real Estate</b>	
5. Principal office address <b>121 Bacon Street</b>		City <b>Pawtucket</b>	State <b>RI</b>
		Zip <b>02860</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Kellie Marcil</b>		Contact Title <b>Operating Manager</b>	
Street Address <b>121 Bacon Street</b>		City <b>Pawtucket</b>	State <b>RI</b>
		Zip <b>02860</b>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name <b>Kellie Marcil</b>		Manager Name	
Street Address <b>Same as Above</b>		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			

**FILED**

OCT 18 2017 *Q*

BY *6650*

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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.

*K. Marcil* *10/15*  
Signature of Authorized Person Date  
**Kellie Marcil**  
Print or Type Name of Authorized Person