RI SOS Filing Number: 201752165210 Date: 10/24/2017 4:00:00 PM

State of Rhode Island Department of			ces Division		
Annual Report for the	year:	7			~
Limited Liability Company					P
Filing period: September 1 - November 1					<b>0</b> 0 00
→ Filing Fee: \$50.00 → Penalty: Additional \$25.	00 fee if form	s not filed by De	ecember 1.	_	R.I. DEPT BUS SY
1. Entity ID Number	2. Exact na	me of the Limite		PH / ST	
81020	Mack	Macloo Sisters, LLC			
3. NAICS Code	4. Brief det	4. Brief description of the character of business conducted in Rhode Island			- K
531110	own, ma	own, manage, lease real estate			#
5. State of Formation RI					
6. Principal Office Address			City	State	Zip
54 Taylor Drive			East Providence	RI	02916
7. Mailing Address of Limited	Liability Compa	any and Name or	Title of Contact Person		
Contact Name Heidi J. Loomis			Contact Title		
Street Address 54 Taylor Drive			City East Providence	State RI	Zip 02916
8. List ALL managers (names	and addresse	s) of the Limited	Liability Company, IF APPLICAB	LE - DO NOT LIST	MEMBERS
Manager Name			Manager Name		
Street Address			Street Address		
City to the control of the control o	State	Zip	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 Is	sland. This infor	mation is currently	of record with the Department of Stat	e. Changes require fi:	ing Form 642.
Under penalty of perjury, I o statements, and that all sta	declare and aftements conta	firm that I have Ined herein are	examined this report, including true and correct.	any accompanyi	ng schedules and
Name of Authorized Person Heidi J. Loqmis				Date	12/17
Signature of Authorized Person		SIGN	DOCUMENT HERE		: Y
			<del></del>	<del></del>	•

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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FORM 632 - Revised: 08/2016