



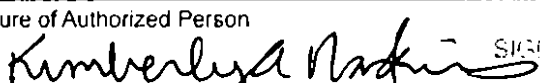
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2017**

Limited Liability Company

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

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1. Entity ID Number 944000		2. Exact name of the Limited Liability Company Kinsley MT, LLC			
3. NAICS Code 53 1120		4. Brief description of the character of business conducted in Rhode Island To own, operate, and lease real estate.			
5. State of Formation RI					
6. Principal Office Address 46 Aborn Street, 4th Floor		City Providence		State RI	Zip 02903
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Kimberly Haskins			Contact Title Controller		
Street Address 46 Aborn Street, 4th Floor		City Providence		State RI	Zip 02903
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Arnold B. Chace, Jr.			Manager Name		
Street Address c/o Cornish Associates, 46 Aborn St. 4th Flr			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person Kimberly Haskins				Date 10/30/2017	
Signature of Authorized Person  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.ri.gov

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BY [Signature] 316450
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