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## 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

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.

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1. Entity ID No.		2. Exact name of the limited liability company							
167246	) Ma	ctullen	1 1 C of business conducted in Rhode Isla						
Security of Formation	4. Brief des	cription of the character of	of business conducted in Rhode Isla	and	<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>				
	<b>、</b>				$\sim$ $\sim$ $\sim$ $\sim$ $\sim$ $\sim$ $\sim$				
Rhode Islau	3 BE	AL Estat	e Invest Men	<del>/</del>					
5. Principal office address	_				Zip				
39 Mayer AUC G. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME			Narragausett	BI	58860				
	IMITED LIABILI	TY COMPANY AND NAM	ME OR TITLE OF CONTACT PERS	ON:	* * * * * * * * * * * * * * * * * * * *				
Contact Name			Contact Title						
Mary July Street Address	<u> </u>		President						
Street Address &			City	State	Zip				
29 Mayor Avenue			Nathayans ett	1.A	0988 9				
7. LIST <u>ALL</u> MANAGERS (N ("X" BOX FOR ATTACHMI	AMES AND AD	PRESSES) OF THE LIMI	TED LIABILITY COMPANY, IF AP	PLICABLE - DO 1	OT LIST MEMBERS				
Manager Name			Manager Name	Manager Name					
W	•								
Street Address			Street Address	<del></del>					
		,							
City	State	Zip 3	City	State	Zip				
Manager Name			Manager Name						
Street Address			Street Address						
City	State	Zip	City	State	Zip				
8. RESIDENT AGENT IN RHO	DDE ISLAND_	·-····································							
This information is currently	of record in th	e Office of the Secretar	y of State. Changes require filing	Form 642.	· · · · · · · · · · · · · · · · · · ·				
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FOR SECRE	TARY O	F STATE	USĖ OI	NLY

Form No. 632 Revised: 01/2012 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.

Signature of Authorized Person

Print or Type Name of Authorized Person