s s	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00		
HOPE	Division Of Business 148 W. River St Providence RI 0290 (401) 222-304	reet 4-2615			
Limited Liability Company Annual Report Filing Period: September 1 - November 1					
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.					
ANNUAL REPORT YEAR: 2018					
1. ID No. 000110346					
2. Exact Name of the Limited Liability Company <u>MLG KINSLEY AVE., LLC</u>					
3. State of Formation					
State: <u>RI</u>	State: <u>RI</u>				
ARTICLE III					
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.					
<u>531390</u>					
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island					
TO ACQUIRE, OWN, DEVELOP, LEASE, SELL AND/OR MANAGE REAL ESTATE					
5. Principal Office Address					
No. and Street: <u>C/O ONE CITIZENS PLAZA 8TH FL</u> ATTN: ROBERT I. STOLZMAN, ESQ.					
	DENCE	State: <u>RI</u> Zip: <u>02903</u> Con	untry: <u>USA</u>		
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:					
Contact Name: <u>ROBERT I. STOLZMAN</u> Contact Title: <u>ESQUIRE</u> No. and Street: <u>ONE CITIZENS PLAZA</u> <u>8TH FLOOR</u>					
City or Town: PRO	VIDENCE State:	<u>RI</u> Zip: <u>02903</u> Countr	ry: <u>USA</u>		
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS					
Title	Individual Name	Address			

litie	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country	
MANAGER	ROBERT I STOLZMAN	ONE CITIZENS PLAZA, 8TH ELOOR	

PROVIDENCE, RI 02903 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ADLER POLLOCK & SHEEHAN P.C. ONE CITIZENS PLAZA, 8TH FLOOR PROVIDENCE, RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 23 Day of October, 2018 at 1:12:59 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>ROBERT I. STOLZMAN, ESQ.</u> Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\sc 0}$ 2007 - 2018 State of Rhode Island and Providence Plantations All Rights Reserved