RI SOS Filing Number: 201880626560 Date: 10/31/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

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.

Entity ID Number	2. Exact nan	ne of the Limited L	iability Company			
000944001	Kinsle	Kinsley Investor, LLC				
3 NAICS Code	4. Brief desc	Brief description of the character of business conducted in Rhode Island				
23 11 YO	To own, ope	To own, operate, and lease real estate.				
5. State of Formation		7				
RI						
6. Principal Office Address			City	State	Zıp	
46 Aborn Street, 4th Floor			Providence	RI	02903	
7. Mailing Address of Limited	Liability Compan	y and Name or Tit				
Contact Name Kimberly Haskins			Contact Title Controller			
Street Address 46 Aborn Street, 4th Floor			City Providence	State RI	Zip 02903	
8. List ALL managers (name	es and addresses)	of the Limited Lia	bility Company, IF APPLICA	BLE - 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	Z _{IP} 02903	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zıp	
				Check the box to	indicate an attachment	
9. Resident Agent in Rhode	Island. This informa	ation is currently of re	ecord with the Department of Sta	ate. Changes require file	ing Form 642.	
Under penalty of perjury, I statements, and that all st			amined this report, including and correct.	ig any accompanyii	ng schedules and	
Name of Authorized Person				Date		
Kimberly Haskins				10/26/2018		
Signature of Authorized Pers	son \mathcal{V}	1 2100	OCA MASKI			
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MAIL TO:

Division of Business Services

148 W. River Street, Providence. Rhode Island 02904-2615

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