



State of Rhode Island and Providence Plantations

**Department of State - Business Services Division**

5-A-18

**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.

|   |   |                    |                     |                        |     |
|---|---|--------------------|---------------------|------------------------|-----|
| 1. Entity ID Number<br><b>102301</b>  | 2. Exact name of the Limited Liability Company<br><b>THE KARLSON FAMILY LLC</b>   |                    |                     |                        |     |
| 3. NAICS Code<br><b>531110</b>  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Purchase, sale, investment and management of real and/or personal property.</b> |                    |                     |                        |     |
| 5. State of Formation<br><b>Rhode Island</b>  |   |                    |                     |                        |     |
| 6. Principal Office Address<br><b>289 Sleepy Hollow Farm Road</b>   | City<br><b>Warwick</b>  | State<br><b>RI</b> | Zip<br><b>02886</b> |                        |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |   |                    |                     |                        |     |
| Contact Name<br><b>Peter L. Karlson</b>   | Contact Title<br><b>Member</b>  |                    |                     |                        |     |
| Street Address<br><b>289 Sleepy Hollow Farm Road</b>  | City<br><b>Warwick</b>  | State<br><b>RI</b> | Zip<br><b>02886</b> |                        |     |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |   |                    |                     |                        |     |
| Manager Name  | Manager Name  |                    |                     |                        |     |
| Street Address  | Street Address  |                    |                     |                        |     |
| City  | State   | Zip                | 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<br><b>Peter L. Karlson</b>  |   |                    |                     | Date<br><b>11/6/18</b> |     |
| Signature of Authorized Person<br>  | SIGN DOCUMENT HF:RF   |                    |                     |                        |     |

**FILED**

**MAIL TO:**

**Division of Business Services**

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

**Phone:** (401) 222-3040

**Website:** [www.sos.ri.gov](http://www.sos.ri.gov)

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