

RECEIVED

R.I. DEPT. OF STATE

BUS SVCS DIV

2020 FEB 27 A II: 4

Annual Report for the year: 20 18
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 98495	2. Exact name of the Limited Liability Company 3918 Realty, LLC				
3. NAICS Code 531110	Brief description of the character of business conducted in Rhode Island     to hold real estate				
5. State of Formation Rhode Island			•		
6. Principal Office Address			City	State	Zip
16 Payson Lane			Cumberland	RI	02864
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Jonathan V. Kalander, Esq.			Contact Title Attorney		
Street Address 146 Westminster Street			City Providence	State RI	<sup>Zip</sup> 02903
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Dennis J. McCarten			Manager Name Kathleen M. McCarten		
Street Address 83 Stanton Avenue			Street Address 12 Oak Hill Drive		
City Narragansett	State RI	<sup>Zip</sup> 02882	City Lincoln	State RI	<sup>Zip</sup> 02865
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person				Date	,
Dennis J. McCarten				2/76	6/2020
Signature of Authorized Person  White Signature of Authorized Person  Signature of Authorized Person  White					

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

FEB 2 7 2020 VECNI A.A. 11.53 H.M. FORM 632 - Revised: