

RECEIVED

R.I. DEPT. OF STATE

BUS SVCS DIV

2020 FEB 27 A 11: 41

Annual Report for the year: 20 15
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	1	Brief description of the character of business conducted in Rhode Island to hold real estate				
531110	to hold real					
5. State of Formation						
Rhode Island			•			
6. Principal Office Address			City	State	Zip	
16 Payson Lane			Cumberland	RI	02864	
7. Mailing Address of Limite	ed Liability Compar	ny and Name or Tr				
Contact Name Jonathan V. Kalander, Esq.			Contact Title Attorney			
Street Address 146 Westminster Street			City Providence	State RI	^{Zip} 02903	
		of the Limited Lia	bility Company, IF APPLICA		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	^{Zip} 02882	City Lincoln	State RI	Zip 02865	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	i	ı		Check the box to	indicate an attachment	
9. Resident Agent in Rhode	Island. This informa	ation is currently of r	ecord with the Department of Sta	ate. Changes require fili	ng Form 642.	
Under penalty of perjury, statements, and that all s			emined this report, including and correct.	ng any accompanyin	ng schedules and	
Name of Authorized Persor	1			Date		
Dennis J. McCarten				2/26/2020		
Signature of Authorized Pe	rson	orten	Section 1997			

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. II:50 A.M

. FORM 632 - Revised: 10/2017