	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S	treet	
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Com Annual Report Filing Period: September 1			
	. 7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	: <u>2020</u>		
<b>1. ID No.</b> <u>00013979</u>	1		
2. Exact Name of the Limited Liability Company McKendall Properties, LLC			
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
0	Code that best describes the primary re information on <u>NAICS</u> can be found		entity. Download
<u>531110</u>			
4. Brief Description of th	o Character of the Business Which	is Actually Conducted in	
		is Actually conducted in	n Rhode Island
REAL ESTATE INVES	TMENT AND MANAGEMENT		n Rhode Island
REAL ESTATE INVES	TMENT AND MANAGEMENT		n Rhode Island
5. Principal Office Addresson No. and Street: <u>3301 Street</u>	<u>STMENT AND MANAGEMENT</u> SSS SOUTH COUNTY TRAIL	State: <u>RI</u> Zip: <u>02818</u>	n Rhode Island Country: <u>USA</u>
5. Principal Office Address   No. and Street: 3301 S   City or Town: EAST	<u>STMENT AND MANAGEMENT</u> SSS SOUTH COUNTY TRAIL	State: <u>RI</u> Zip: <u>02818</u>	Country: <u>USA</u>
5. Principal Office Addression   No. and Street: 3301 S   City or Town: EAST   6. Mailing Address of Lite   Contact Name: MARIAC	TMENT AND MANAGEMENT ess SOUTH COUNTY TRAIL C GREENWICH	State: <u>RI</u> Zip: <u>02818</u> e or Title of Contact Perso	Country: <u>USA</u>
5. Principal Office Address   No. and Street: 3301 S   City or Town: EAST   6. Mailing Address of Lite   Contact Name: MARIAC   No. and Street: 3301 S	TMENT AND MANAGEMENT ess SOUTH COUNTY TRAIL GREENWICH mited Liability Company and Name CRISTINA MCKENDALL Contact Title: SOUTH COUNTY TRAIL	State: <u>RI</u> Zip: <u>02818</u> e or Title of Contact Perso	Country: <u>USA</u>
5. Principal Office Addres   No. and Street: 3301 S   City or Town: EAST   6. Mailing Address of Lit   Contact Name: MARIAC   No. and Street: 3301 S   City or Town: EAST	TMENT AND MANAGEMENT   ess   SOUTH COUNTY TRAIL   GREENWICH   mited Liability Company and Name   CRISTINA MCKENDALL Contact Title:   SOUTH COUNTY TRAIL   GREENWICH   SOUTH COUNTY TRAIL   GREENWICH   SOUTH COUNTY TRAIL   GREENWICH S   f Each Manager of the Limited Liab	State: <u>RI</u> Zip: <u>02818</u> e or Title of Contact Person tate: <u>RI</u> Zip: <u>02818</u>	Country: <u>USA</u> on: Country: <u>USA</u>
5. Principal Office Address   No. and Street: 3301 S   City or Town: EAST   6. Mailing Address of Lite   Contact Name: MARIAC   No. and Street: 3301 S   City or Town: EAST	TMENT AND MANAGEMENT   ess   SOUTH COUNTY TRAIL   GREENWICH   mited Liability Company and Name   CRISTINA MCKENDALL Contact Title:   SOUTH COUNTY TRAIL   GREENWICH   SOUTH COUNTY TRAIL   GREENWICH   SOUTH COUNTY TRAIL   GREENWICH S   f Each Manager of the Limited Liab	State: <u>RI</u> Zip: <u>02818</u> e or Title of Contact Person tate: <u>RI</u> Zip: <u>02818</u>	Country: <u>USA</u> on: Country: <u>USA</u> able.

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

MARIACRISTINA C. MCKENDALL 3301 SOUTH COUNTY TRAIL EAST GREENWICH, RI 02818

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

**Signed this 15 Day of October, 2020 at 9:53:18 AM 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 MARIACRISTINA C. MCKENDALL

Signature of Authorized Person

Form No. 632 Revised 09/07

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