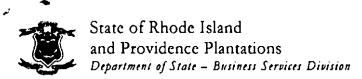
RI SOS Filing Number: 202065383720 Date: 10/15/2020 4:00:00 PM



148 W. River Street Providence, RI 02904-2615 401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_\_\_\_\_\_ 2020

Filing Period: September 1 - November 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty-fee of \$25.00.

1. ID No. 000133998		2. Exact name of the limited liability company Kenlin Properties, LLC			3. NAICS Code 531120	
	of the character of the busin ng, mortgaging, ope	•	ucted in Rhode Island ling of real property	5. State of Formation Rhode Island		
6. Principal office address  1 Dexter Road			City East Providence	State RI	7 <i>ip</i> 02914	
7. MAILING ADD	DRESS OF LIMITED LIAB	ILITY COMPANY AND	NAME OR TITLE OF CONTACT P	ERSON:		
Kenneth Foley			Member			
Street Address  1 Dexter Road			East Providence	State RI	02914	
8. NAME AND AD			LIABILITY COMPANY, IF APPLIC		LIST MEMBERS	
FILL IN SPACES BEFORE USING AT			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	
9 DESIDENT ACI	ENT IN ŘÍJODÉ ISLANĎ		. 1			
	<del></del>	Tice of the Secretary of St	tate. Changes require filing of Form 6	42 – R.I.G.L. 7-16-1	IOrson and Brusini Ltd.	
	.ED				OCT 15 P	
OCT 1	5 2020 This report mu	st be executed by an au	thorized person pursuant to R.I.G.L	7-16-66 (b).	?	
BY_//L	5:2020 Cht 1221 2:54		·····		Ġ.	
	2:54					
		<u>_</u>	Under penalty of perjury, I dec including any accompanying s contained herein are true and or	chedules and statemen		
File Date		<del></del>	Kunst	I-falue	10-12-2020	
Check No.			Signature of Authorized Perso	$\alpha$	ile (70, 04, 1904)	
	ETARY OF STATE USE ONLY					
			Kenneth Foley, Memb	oer 		
			Print or Type Name of Authori:	ed Person		