RI SOS Filing Number: 202105461470 Date: 11/26/2021 4:00:00 PM

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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

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Annual Report for the year: 2021

12021 HOY 26 PM 3: 26...

**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 000312219                         | j.                                    | 2. Exact name of the Limited Liability Company  K&M QUINN PROPERTIES, LLC |   |                          |                        |  |
|--|---------------------------------------|---|---|--------------------------|------------------------|--|
| 3 NAICS Code   | 4. Brief de                           | Brief description of the character of business conducted in Rhode Island  |   |                          |                        |  |
| 531110   | REAL ES                               | REAL ESTATE OWNERSHIP   |   |                          |                        |  |
| 5 State of Formation RHODE ISLAND                    |                                       |   |   |                          |                        |  |
| 6. Principal Office Address                          |                                       |   | City  | State                    | Zip                    |  |
| 130 BRIARCLIFF AVENUE                                |                                       |   | WARWICK   | RI                       | 02889                  |  |
| 7. Mailing Address of Limit                          | ed Liability Compa                    | any and Name o  | r Title of Contact Person                         |                          | 1                      |  |
| Contact Name MARGARET F. QUINN                       |                                       |   | Contact Title MEMBER                              |                          |                        |  |
| Street Address 130 BRIARCLIFF AVENUE                 |                                       |   | City WARWICK                                      | State RI                 | <sup>7</sup> 02889     |  |
| 8. List ALL managers (nan                            | nes and addresse                      | s) of the Limited   | Liability Company, IF APPLICAL                    | BLE - DO NOT LIST        | MEMBERS                |  |
| Manager Name   |                                       |   | Manager Name                                      |                          |                        |  |
| Street Address                                       |                                       |   | Street Address                                    |                          |                        |  |
| City   | State                                 | Zıp   | City  | State                    | 7ıp                    |  |
| Manager Name   |                                       |   | Manager Name                                      |                          |                        |  |
| Street Address                                       |                                       |   | Street Address                                    |                          |                        |  |
| City   | State                                 | Zip   | City  | Stale                    | Zip                    |  |
|  |                                       |   |   | Check the box to         | indicate an attachment |  |
| 9 Resident Agent in Rhode                            | e Island. This inform                 | mation is currently   | of record with the Department of Sta              | ate Changes require fili | ing Form 642           |  |
| Under penalty of perjury, statements, and that all s | I declare and aff<br>statements conta | firm that I have ined herein are  | examined this report, including true and correct. | ig any accompanyir       | ng schedules and       |  |
| Name of Authorized Person                            | n                                     |   |   | Date /                   |                        |  |
| MARGARET F. QUINN, M                                 | EMBER                                 |   |   | 10/2.                    | 2/2/                   |  |
| Signature of Authorized Pe                           |                                       | 316   | MINDOUN WELFIRM                                   |                          |                        |  |

MAIL TO:

**Division of Business Services** 

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

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