RI SOS Filing Number: 202107122180 Date: 12/14/2021 4:00:00 PM



Department of State - Business Services Division

Annual Report for the year: 2021 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.

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127727 3. NAICS Code 484230 5. State of Formation RI 6. Principal Office Address High Street 7. Mailing Address of Limited Liabil Contact Name Clifford R. McGinne	M & C Ass 4. Brief descrip Petroleum an	ociates LL	acter of business conducted invices and for all other law City Block Island	n Rhode Island ful purposes. State	Zip*			
484230 5. State of Formation RI 6. Principal Office Address High Street 7. Mailing Address of Limited Liabil Contact Name Clifford R. McGinne	ility Company a	nd Trucking Se	City Block Island	ful purposes. State	Zip* /			
484230 5. State of Formation RI 6. Principal Office Address High Street 7. Mailing Address of Limited Liabil Contact Name Clifford R. McGinne	ility Company a	nd Trucking Se	City Block Island	ful purposes. State	Zip", /			
RI 6. Principal Office Address High Street 7. Mailing Address of Limited Liabil Contact Name Clifford R. McGinne		and Name or Tit	Block Island		Zip* /			
6. Principal Office Address High Street 7. Mailing Address of Limited Liabil Contact Name Clifford R. McGinne		and Name or Tit	Block Island		Zip* /			
High Street 7. Mailing Address of Limited Liabil Contact Name Clifford R. McGinne Street Address		and Name or Tit	Block Island		Zip", /			
7. Mailing Address of Limited Liabil Contact Name Clifford R. McGinne		and Name or Tit	Block Island		[20] Z			
Clifford R. McGinne		and Name or Tit	le of Contact Person		02807			
Clifford R. McGinne					02001			
Street Address		Contact Name Clifford R. McGinnes			Contact Title Manging Member			
PO Box 403			City Block Island	State RI	Zip 02807			
8. List ALL managers (names and	addresses) of	the Limited Liab	bility Company, IF APPLICAB	LE - DO NOT LIST I	MEMBERS			
Manager Name Clifford R. McGinn	•		Manager Name					
Street Address PO Box 403			Street Address					
block island	State Ri	Zip 02807	City	State	Zip			
Manager Name			Manager Name	l	<u> </u>			
Street Address			Street Address					
City								
S	State	Zip	City	State	Zip			
O. The President				Check the box to it	ndicate en attachment			
9. The Resident Agent information of	currently of rec	cord with the RI	Department of State is accur	ete. Changes require	filing Form 642.			
Under penalty of perjury, I declar statements, and that all statemen	re and affirm (hts contained	that i have exar I herein are truc	mined this report, including and correct.	any accompanying	g schedules and			
Name of Authorized Person				Date	<u> </u>			
Clifford R. Mc Ginner			12/9/20	12/9/2021				
Signature of Authorized Person	· — · · · · · · · · · · · · · · · · · ·							
CK Mc Si	mes	- Pre	N Company					

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

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BY_

FORM 632 Revised: 08/2020