

State of Rhode Island **Department of State - Business Services Division**

FILED

Annual Report for the year: Limited Liability Company

JAN 2 1 2025

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

Entity ID Number	2. Exact name of the Limited Liability Company				
001758357	MCCOIN PROPERTIES, LLC				
3. NAICS Code 53//00 5. State of Formation A. I.	4. Brief description of the character of business conducted in Rhode Island COMMERCIAL RENTAL PROPERTY				
6. Principal Office Address		City	State	Zip	
22 CAILENJER AVE		NewPORT	RI	02840	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title	Contact Title		
KARIA MCCOIN		PARTNER City State Zip NEWPORT RI 02840			
Street Address	. •	City	State	Zip	
22 CAILENDER	Ave	NewPORT	RI	02840	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
9. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Person			Date		
KARIA MOGQIN			01-1	01-14-2025	
Signature of Authorized Person					

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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