



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

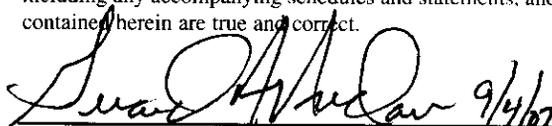
Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

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 (h&c)) is subject to a penalty fee of \$25.00.

1. ID No. 95315		2. Exact name of the limited liability company M R N REALTY, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUISITION AND DEVELOPMENT OF REAL PROPERTY	
5. Principal office address PO Box 268		City W. Warwick	State RI
		Zip 02893	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Peter D. Nolan		Contact Title	
Street Address 1070 Main Street		City Coventry	State RI
		Zip 02816	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name Gerard A. Auclair		Manager Name Charleen Auclair	
Street Address 336 Weaver Hill Road		Street Address 336 Weaver Hill Road	
City West Greenwich	State RI	Zip 02817	City West Greenwich
			State RI
			Zip 02817
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name PETER D. NOLAN, ESQ.		Address	
Address 1070 MAIN STREET		City COVENTRY	Zip 02816

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

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.


Signature of Authorized Person Date **9/4/07**

Gerard A. Auclair
Print or Type Name of Authorized Person

File Date	9-10-07
Check No.	24835
By:	
FOR SECRETARY OF STATE USE ONLY	