



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

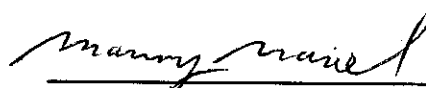
In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 147622		2. Exact name of the limited liability company M & A RESTAURANT PROPERTIES, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island INVESTMENTS IN REAL ESTATE AND PERSONAL PROPERTY	
5. Principal office address 95 Beechwood Avenue		City Pawtucket	State RI
		Zip 02860	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Manny Maciel		Contact Title Manager	
Street Address 95 Beechwood Avenue		City Pawtucket	State RI
		Zip 02860	
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) ☐			
Manager Name 		Manager Name 	
Street Address 		Street Address 	
City 	State 	City 	State
Zip 		Zip 	
Manager Name 		Manager Name 	
Street Address 		Street Address 	
City 	State 	City 	State
Zip 		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 MANNY F. MACIEL		Address 	
Address 700 ARMISTICE BOULEVARD		City PAWTUCKET	Zip 02861-

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

File Date	FILED
Check No.	OCT 22 2007
By:	1381
FOR SECRETARY OF STATE USE ONLY	

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 **9/7/07**
Manny Maciel, Manager
Print or Type Name of Authorized Person