



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

\* In accordance with R.I.G.L. 7-1.2-1501(c), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

|                                                                                                                                               |              |                                                                           |                        |                |              |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------------------------------------------------|------------------------|----------------|--------------|
| 1. Corporate ID No.<br>1932                                                                                                                   |              | 2. Name of Corporation<br>Management Properties Investment Ventures, Inc. |                        |                |              |
| 3. Street Address Principal Business Office<br>119 HOPKINS HILL ROAD                                                                          |              | City<br>WEST GREENWICH                                                    | State<br>RI            | Zip<br>02817   |              |
| 4. Business Phone No.<br>4018226400                                                                                                           |              | 5. State of Incorporation<br>RHODE ISLAND                                 |                        |                |              |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>IMPROVING AND DEVELOPING REAL ESTATE FOR INVESTMENT AND RENTAL |              |                                                                           |                        |                |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS   |              |                                                                           |                        |                |              |
| President Name<br>ANTHONY R. MANCINI                                                                                                          |              | Vice President Name<br>DEBORAH A. MORROCCO                                |                        |                |              |
| Street Address<br>119 HOPKINS HILL ROAD                                                                                                       |              | Street Address<br>119 HOPKINS HILL ROAD                                   |                        |                |              |
| City<br>WEST GREENWICH                                                                                                                        | State<br>RI  | Zip<br>02817                                                              | City<br>WEST GREENWICH | State<br>RI    | Zip<br>02817 |
| Secretary Name<br>DEBORAH A. MORROCCO                                                                                                         |              | Treasurer Name<br>GERALD E. FREEMAN                                       |                        |                |              |
| Street Address<br>119 HOPKINS HILL ROAD                                                                                                       |              | Street Address<br>119 HOPKINS HILL ROAD                                   |                        |                |              |
| City<br>WEST GREENWICH                                                                                                                        | State<br>RI  | Zip<br>02817                                                              | City<br>WEST GREENWICH | State<br>RI    | Zip<br>02817 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS             |              |                                                                           |                        |                |              |
| Director Name<br>NONE                                                                                                                         |              | Director Name                                                             |                        |                |              |
| Street Address                                                                                                                                |              | Street Address                                                            |                        |                |              |
| City                                                                                                                                          | State        | Zip                                                                       | City                   | State          | Zip          |
| Director Name                                                                                                                                 |              | Director Name                                                             |                        |                |              |
| Street Address                                                                                                                                |              | Street Address                                                            |                        |                |              |
| City                                                                                                                                          | State        | Zip                                                                       | City                   | State          | Zip          |
| 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>    |              |                                                                           |                        |                |              |
| AUTHORIZED SHARES                                                                                                                             |              |                                                                           | ISSUED SHARES          |                |              |
| Number of Shares                                                                                                                              | Class/Series | Par Value                                                                 | Number of Shares       | Class/Series   | Par Value    |
| 1,000 NO PAR VALUE, 142 \$280.00 PAR VALUE                                                                                                    |              |                                                                           | 200                    | COMMON/CLASS A | NO PAR       |
|                                                                                                                                               |              |                                                                           | 706                    | COMMON/CLASS E | NO PAR       |

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

1932  
FILED

\*1932 DBC 01/23/08 12:36 PM 2008  
File Date  
By: **FILED**  
Check No.  
By: **DSH/B310** JAN 25 2008  
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:   
Date:  
PATRICK A. ROGERS  
Print or Type Name  
ASSISTANT SECRETARY  
Title