



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. 160665 | | 2. Exact name of the limited liability company MT Properties LLC | |
| 3. State of Formation MASSACHUSETTS | | 4. Brief description of the character of the business which is actually conducted in Rhode Island <i>Real estate holding and development</i> | |
| 5. Principal office address <i>4 Hunnewell Avenue</i> | | City <i>Newton</i> | State <i>MA</i> |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name <i>Mario Tenaglia</i> | | Contact Title <i>Manager</i> | Zip <i>02458</i> |
| Street Address <i>4 Hunnewell Avenue</i> | | City <i>Newton</i> | State <i>MA</i> |
| 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"/> | | Zip <i>02458</i> | |
| 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 CT CORPORATION SYSTEM | | Address | |
| Address 10 WEYBOSSET STREET | | City PROVIDENCE | Zip 02903- |

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 *Mario Tenaglia* Date *9-4-07*
Print or Type Name of Authorized Person **MARIO TENAGLIA**

| | |
|---------------------------------|--------------------|
| File Date | FILED |
| Check No | FEB 08 2008 |
| By | <i>1715 MMC</i> |
| FOR SECRETARY OF STATE USE ONLY | |