



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 2008

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. 159243 | | 2. Exact name of the limited liability company Market Center Management, LLC | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island To own and manage a real estate brokerage company | |
| 5. Principal office address 628 George Washington Highway | | City Lincoln | State RI |
| | | Zip 02865 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name Paul Vanasse | | Contact Title | |
| Street Address 628 George Washington Highway | | City Lincoln | State RI |
| | | Zip 02865 | |
| 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 Paul Vanasse | | Manager Name John Somyk | |
| Street Address 1849 Old Louisquisset Pike, | | Street Address 3 Umbrella Way | |
| City Lincoln | State RI | City Manville | State RI |
| Zip 02865 | | Zip 02838 | |
| Manager Name Stephen Thibodeau | | Manager Name | |
| Street Address 282 Hillside Avenue | | Street Address | |
| City Providence | State RI | City | State |
| Zip 02906 | | 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 ALFRED G. THIBODEAU | | Address | |
| Address 55 PINE STREET | | City PROVIDENCE | Zip 02903- |

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 28 2008 |
| By: | 5646 |
| By: 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

Paul Vanasse

Print or Type Name of Authorized Person