

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

Filing Period: September 1 - November 1 - Filing Fee: \$50.00* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* 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 (be/cc)) is subject to a penalty fee of \$25.00.

1. ID No. 146529	2. Exact name of the limit MPM REALTY, LL	name of the limited liability company REALTY, LLC				
3. State of Formation RHODE ISLAND 4. Brief description of the character of the histness or Construction and property managem			usiness which is actually conducted in nagement	ebich is actually conducted in Rhode Island nent		
5. Principal office address 142 Shun Pike			<i>Ctt</i> ⊵ Johnston	State RI	^{Ζφ} 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAM Contact Name Michael W. Piccoli			D NAME OR TITLE OF CONT. Contact Title Manager	Contact Title		
Sircei Address 142 Shun Pike			Giy Johnston	State RI	^{Zip} 02919	
7. NAME AND ADD		AGER OF THE LIMITE SPACES BEFORE USE	ED LIABILITY COMPANY, IF A ING ATTACHMENTS ("X" BO	APPLICABLE - DO NOT X FOR ATTACHMENT)		
Manager Name Michael W. Piccoli			Manager Name	Manager Name		
Street Address 142 Shun Pike			Street Address	Street Address		
Gity Johnston	State RI	<i>Σψ</i> 02919	Сіңу	State	Zip	
Munager Name			Manager Name	Manager Nume		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Ziţi,	
	T IN RHODE ISLAND irrently of record in the		of State. Changes require filing	of Form 642 - R.I.G.L. 7-	16-11	

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

146529

FOR SECRETARY OF STATE USE ONLY

File Date

Check No.

including any accompanying schedules and statements, and that all statements contained herein are true and correct

3/31/09

AIO SNOILY BOOM

Signature of Authorized Person

Date

Date

Person Type Name of Authorized Person

Under penalty of perjury, I declare and affirm that I have examined this report,

Form 632 Rev. 08/08