



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* • **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 (b)(7)) is subject to a penalty fee of \$25.00.

1. ID No. 000155498		2. Exact name of the limited liability company M & M Trust, LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Title 7-16			
5. Principal office address 1093 Sherman Farm Road			City Burrillville	State RI	Zip 02830
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Anthony Mussilli, III			Contact Title Member		
Street Address 1093 Sherman Farm Road			City Burrillville	State RI	Zip 02830
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 none			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2009 JUL - 8 AM 10: 29

FILED

JUL 08 2009

By *[Signature]*
6/23/09

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

000155498

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] 6/23/09
Signature of Authorized Person Date

~~Anthony Mussilli, III~~

Print or Type Name of Authorized Person

Thomas Menard

File Date: _____
Check No.: _____
By: _____
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