



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 2009

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. 131740		2. Exact name of the limited liability company MJO/KRO LMLLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate Holding	
5. Principal office address 7 David Ave		City Westley	State RI
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Michael J Ogle		Contact Title member	Zip 02891
Street Address 7 David Ave		City Westley	State RI
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 Michael J Ogle		Manager Name	
Street Address 7 David Ave		Street Address	
City Westley	State RI	Zip 02891	City Westley
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name		Address	
Address		City	Zip

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

FILED

SEP 17 2009

By

028999

10:23

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.

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

2009 SEP 17 AM 10:23

Signature of Authorized Person

Date

Print or Type Name of Authorized Person