



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

**Fee: \$50.00**

Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615  
Telephone: (401) 222-3040

**Limited Liability Company  
Annual Report**

*Filing Period: September 1 - November 1*

*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.*

**ANNUAL REPORT YEAR: 2009**

**1. ID No. 000088686**

**2. Exact Name of the Limited Liability Company MKR CT, LLC.**

**3. State of Formation**

State:

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

REAL ESTATE PARTNERSHIP

**5. Principal Office Address**

No. and Street: 10 BRAINTREE DRIVE

City or Town: WEST HARTFORD

State: CT

Zip: 06117

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: MICHAEL FISHMAN Contact Title: MANAGER

No. and Street: 10 BRAINTREE DRIVE

City or Town: WEST HARTFORD

State: CT

Zip: 06117

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
MANAGER	EDWARD E FISHMAN	76 FOXCROFT ROAD WEST HARTFORD, CT 06119- USA
MANAGER	MICHAEL B FISHMAN	10 BRAINTREE DRIVE WEST HARTFORD, CT 06117 USA
MANAGER	RONALD J FISHMAN	10 TRUMBULL LANE WEST HARTFORD, CT 06117 USA
MANAGER	KENNETH S FISHMAN	5 WOLFPEN LANE SOUTHBOROUGH, MA 01772 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

THOMAS RAFFA 171 COGSHALL AVENUE NEWPORT , RI 02840

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

**Signed this 7 Day of October, 2009 at 6:58:46 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By MICHAEL FISHMAN  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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