

2. Exact name of the limited liability company

1. ID No.

164114

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\* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

M.B.S. REALTY, LLC

\* 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.

| 3. State of Formation  |             |                |   |  |  |  |
|--|-------------|----------------|---|--|--|--|
| RHODE ISLAND REAL ESTATE HOLDING C.  |             |                |   |  |  |  |
| 5. Principal office address  |             | City           | State   | Zip  |  |  |
| 1185 TIOGUE AVENUE   |             |                | COVENTRY  OR TITLE OF CONTACT PE  | RI RI  | 02816  |  |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name  Contact Title  |             |                |   |  |  |  |
| LOUIS E. BALDI   |             |                | REGISTERED AGENT  |  |  |  |
| Street Address   |             |                | Сіцу  | State  | Zip  |  |
| 445 BUDLONG ROAD   |             |                | CRANSTON  | RI   | 02920  |  |
| 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) |             |                |   |  |  |  |
| Manager Name   |             |                | 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 R   | HODE ISLAND | •              | •   | ı  | 1  |  |
| 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                                     |             |                |   |  |  |  |
|  |             |                |   |  | 95557750<br>557 2008 01A<br>2009 SEP 10 PM 2:              |  |
| This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).   |             |                |   |  |  |  |
| FIL File DateCT 2.8  | 2009<br>OS  | ST 28 PM 2: 33 | Under penalty of perjur including any accompand contained herein are true of Authorized I | nying schedules and statem<br>g and correct. | I have examined this report tents, and that all statements |  |
| Ву:  | 1447        | - P − V        | EAKL W. PO.   | RTER, JR.                                    |  |  |
| FOR SECRETARY OF STATE USE ONLY  Print or Type Name of Authorized Perso  |             |                |   | uthorized Person                             | Form 632 Rev. 08/08  |  |