



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 02903-2015
(401) 222-3000

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. Filing Number 313369		2. Exact name of the limited liability company MNKP PROPERTIES, LLC			
3. Jurisdiction Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate Management			
5. Mailing Address 36 Cedar Drive		City Bristol		State RI	Zip 02809
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Stephen J. DiGianfilippo, Esq.		Contact Title Attorney			
Street Address 50 Park Row West, Suite 111		City Providence		State RI	Zip 02903
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 Mark E. Poole		Manager Address			
Street Address 36 Cedar Drive		City			
City Bristol	State RI	Zip 02809	City	State	Zip
Manager Name		Manager Address			
Street Address		City			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name Stephen J. DiGianfilippo, Esq.		Agent Address			
Street Address 50 Park Row West, Suite 111		City Providence, Rhode Island		State	Zip 02903

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SECRETARY OF STATE

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

313369

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 of Authorized Person: Mark E Poole Date: 9-28-09
Print or Type Name of Authorized Person: Mark E. Poole, Manager

Date	<u>10-30-09</u>
Check No.	<u>1078</u>
By	<u>MNC</u>
FOR SECRETARY OF STATE USE ONLY	