ALPH MO			
	State of Rhode Island and Pro Office of the Secreta		ONS Fee: \$50.0
A 200	Division Of Busines	s Services	
	148 W. River S		
Contraction of the second	Providence RI 029	04-2615	
cretary of 5te	(401) 222-30	40	
imited Liability Co	ompany		
Annual Report	1 - November 1		
	.L. 7-16-66(d), each limited liability com		g to
	in thirty (30) days after the time prescrib	ed by law (R.I.G.L.	
-16-66(b&C)) IS SUDJECT	to a penalty fee of \$25.00.		
ANNUAL REPORT YEA	R : <u>2010</u>		
1. ID No. <u>0001314</u>	74		
2. Exact Name of the	Limited Liability Company M.A.G. I	Realty LLC	
3. State of Formation			
State: <u>RI</u>			
4. Brief Description of	the Character of the Business Which	is Actually Conduc	ted in Rhode Island
REAL ESTATE INVE	ESTMENT	n is Actually Conduc	ted in Rhode Island
REAL ESTATE INVE	ESTMENT	n is Actually Conduc	ted in Rhode Island
REAL ESTATE INVE	ESTMENT	n is Actually Conduc	ted in Rhode Island
REAL ESTATE INVE 5. Principal Office Add No. and Street: 2	<u>ESTMENT</u> Iress 32 LINCOLN STREET	n is Actually Conduc e: <u>RI</u> Zip: <u>02895</u>	
REAL ESTATE INVE 5. Principal Office Add No. and Street: 2 City or Town: <u>V</u>	ESTMENT Iress 32 LINCOLN STREET VOONSOCKET Stat Limited Liability Company and Name	e: <u>RI</u> Zip: <u>02895</u> e or Title of Contact	Country: <u>USA</u>
REAL ESTATE INVE 5. Principal Office Add No. and Street: 2 City or Town: <u>V</u> 6. Mailing Address of Contact Name: Contact No. and Street: City or Town:	ESTMENT Iress <u>32 LINCOLN STREET</u> <u>VOONSOCKET</u> Stat Limited Liability Company and Name of Title: <u>PO BOX 26</u> <u>WOONSOCKET</u> State: <u>RI</u> of Each Manager of the Limited Liab	e: <u>RI</u> Zip: <u>02895</u> e or Title of Contact Zip: <u>02895</u>	Country: <u>USA</u> Person: Country: <u>USA</u>
REAL ESTATE INVE 5. Principal Office Add No. and Street: 2 City or Town: <u>V</u> 6. Mailing Address of Contact Name: Contact No. and Street: City or Town: Y 6. Mailing Address of Contact Name: Contact Name:	ESTMENT Iress 32 LINCOLN STREET YOONSOCKET Stat Limited Liability Company and Name xt Title: PO BOX 26 WOONSOCKET State: RI of Each Manager of the Limited Liability Sers Individual Name	e: <u>RI</u> Zip: <u>02895</u> e or Title of Contact Zip: <u>02895</u> pility Company, if Ap	Country: <u>USA</u> Person: Country: <u>USA</u> oplicable.
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REAL ESTATE INVE 5. Principal Office Add No. and Street: City or Town: Y 6. Mailing Address of Contact Name: Contact No. and Street: City or Town: 7. Name and Address DO NOT LIST MEME Title	ESTMENT Iress 32 LINCOLN STREET VOONSOCKET Stat Limited Liability Company and Name of Title: <u>PO BOX 26</u> <u>WOONSOCKET</u> State: <u>RI</u> of Each Manager of the Limited Liab BERS Individual Name First, Middle, Last, Suffix	e: <u>RI</u> Zip: <u>02895</u> e or Title of Contact Zip: <u>02895</u> bility Company, if Ap Address, City or Town 186 V WOONSOCKE 232 LINC	Country: <u>USA</u> Person: Country: <u>USA</u> plicable. ddress , State, Zip Code, Country NOOD AVE

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

WILLIAM J. GILMAN 232 LINCOLN STREET WOONSOCKET , RI 02895-

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

Signed this 18 Day of September, 2010 at 9:00:22 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 RONALD M. AUDET

Signature of Authorized Person

Form No. 632 Revised 09/07

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