



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 2011

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. 101341		2. Exact name of the limited liability company Mako Associates, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island To own, finance, lease, operate, improve and sell real property	
5. Principal office address 180 South Main Street		City Providence	State RI Zip 02903
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name James H. Hahn		Contact Title	
Street Address 180 South Main Street		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) <input type="checkbox"/>			
Manager Name Normand G. Benoit		Manager Name Steven E. Snow	
Street Address 180 South Main Street		Street Address 180 South Main Street	
City Providence	State RI	City Providence	State RI Zip 02903
Manager Name David M. Gilden		Manager Name James H. Hahn	
Street Address 180 South Main Street		Street Address 180 South Main Street	
City Providence	State RI	City Providence	State RI Zip 02903
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name James H. Hahn, Esq.		Address 180 South Main Street	
Address PARTRIDGE SNOW & HAHN LLP		City Providence	Zip 02903

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

101341

FILED

File Date	SEP 12 2011
Check No.	By <i>MMS</i>
By:	29707
FOR SECRETARY OF STATE USE ONLY	

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.

James H. Hahn
Signature of Authorized Person Date

James H. Hahn

Print or Type Name of Authorized Person