



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* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**
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. 139470	2. Exact name of the limited liability company MNL Real Estate & Investment, LLC
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3. State of Formation Rhode Island	4. Brief description of the character of the business which is actually conducted in Rhode Island To buy and sell real estate
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5. Principal office address 247 Hawkins Street	City Providence	State RI	Zip 02904
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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name John McCauley	Contact Title Member		

Street Address 365 Smith Street	City Providence	State RI	Zip 02904
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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	City
State	State
Zip	Zip
Manager Name	Manager Name
Street Address	Street Address
City	City
State	State
Zip	Zip

8. RESIDENT AGENT IN RHODE ISLAND

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

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

139470

File Date	FILED
Check No.	SEP 21 2011
By:	BY 19390
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 statement contained herein are true and correct.

Signature of Authorized Person 	Date 9/13/2011
John McCauley	
Print or Type Name of Authorized Person	