



and PROVIDENCE PLANTATIONS
Office of the Secretary of State

148 W. River Street
Providence, RI 02904-2615
401.222.3046

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)(e)) is subject to a penalty fee of \$25.00.

1. ID No. 101997		2. Exact name of the limited liability company MFH INVESTMENTS, LLC	
3. State of Formation		REAL ESTATE / INVESTMENTS	
5. Principal office address 8 CARRIAGE LANE		City RUMFORD	State R.I.
		Zip 02916	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MEREDITH F. HOWE		Contact Title MANAGER	
Street Address 8 CARRIAGE LANE		City RUMFORD	State R.I.
		Zip 02916	
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 MEREDITH FOSTER HOWE		Manager Name JOHN TIMOTHY HOWE	
Street Address 8 CARRIAGE LANE		Street Address 8 CARRIAGE LANE	
City RUMFORD	State R.I.	City RUMFORD	State R.I.
Zip 02916		Zip 02916	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	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).

FILED

File Date **OCT 03 2011**
Check No. **7V**
By: **108**

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.

Meredith Foster Howe 10/1/2011
Signature of Authorized Person Date

MEREDITH FOSTER HOWE
Print or Type Name of Authorized Person