

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) de

120 No.   122846     2 Execut name of the Immeet liability company   M & R Acquisition Holdigs Group, LLC	(R.I.G.L. 7-16-66 (b&c)) i	s subject to a penalty fee of	\$25.00,	or rejusing to fue us annual report within	n tritriy (30) days after the time p	rescribed by law	
3. State of Formation Real estate management  4. Brief description of the business which is actually conducted in Rhode Island Real estate management  5. Frincipal office address 728 Valley Street 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Title D. Joseph D'Amico  Street Address 728 Valley Street 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IP APPLICABLE DO NOT LIST MENTIONS  FILL IN SPACES BEFORE USING ATTACHMENTS (X* BOX FOR ATTACHMENT)  Manager Name None  Street Address  City State Zip Manager Name  Manager Name  Manager Name  Manager Name  Manager Name  Street Address  City State Zip City State Zip  State Zip  Address  Street Address  City State Zip City State Zip  Address  Street Address  Street Address  City State Zip  Address  City State Zip  Address  Street Address  Street Address  City State Zip City State Zip  Address  City State Zip  Address  City State Zip City State Zip  Address  City State Zip City State Zip City State Zip City State Zip City City State Zip City City City City City City City City							
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728 Valley Street 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name  D. Joseph D'Amico  Street Address  728 Valley Street  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  None  City  State  Zup  City  State  Zup  City  State  Zup  City  State  Zup  Street Address  Street Address  Street Address  Street Address  Street Address  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	"	4. Brief descri Real esta	ption of the character of the temporal	e business which is actually conducted in	ı Rhode İsland		
Contact Title  D. Joseph D'Amico  Street Address 728 Valley Street  7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IP APPLICABLE - DO NOT LIST WEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT")  Manager Name None  Street Address  City  State  Zip  City  State  Street Address  Street Address  Street Address  Street Address  City  State  Zip  City  State  Zip  State  Street Address  Street Address  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	728 Valley Street			Providence	RI	1 *	
728 Valley Street  7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIBITITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS (X* BOX FOR ATTACHMENT)    Manager Name None  Street Address  City  State  Zip  City  State  Zip  City  State  Zip  City  State  Zip  Street Address  City  State  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	Contact Name		BILITY COMPANY A	Contact Title	ACT PERSON:	·	
Manager Name None  Street Address  Street Address  City  State  Zip  Manager Name  Manager Name  Manager Name  Manager Name  Street Address  Street Address  Street Address  City  State  Zip  City  State  Zip  City  State  Zip  Street Address  City  State  Zip				· · ·		-	
None  Street Address  City  State  Zip  City  Manager Name  Manager Name  Street Address  Street Address  Street Address  City  State  Zip  State  Zip  City  State  Zip		RESS OF EACH MAI FILL II	NAGER OF THE LIMI N SPACES BEFORE U	TED LIABILITY COMPANY, IF ISING ATTACHMENTS ('X' BO	APPLICABLE - DO NO) OX FOR ATTACHMENT)	HIST MENINERS	
City State Zip City State Zip  Manager Name  Street Address  Street Address  City State Zip City State Zip  6. 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	None			Manager Name	Manager Name		
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2011 900 900						•	
* * *	This information is cu	rrently of record in th	e Office of the Secreta	ry of State. Changes require filing	g of Form 642 - R.I.G.L. 7-1	16-11	

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

122846

File Date Check No. Bv: FOR SECRETARY OF STATE USE ONLY MOA 7' 2 5041

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

Joseph Petit

Print or Type Name of Authorized Person