



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.  
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 99517		2. Exact name of the limited liability company MPB Associates, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island Real Estate Development			
5. Principal office address 58 Main St		City E. Greenwich	State RI	Zip 02818	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>					
Contact Name Dale J DeJoy		Contact Title Member			
Street Address 58 Main St		City E Greenwich	State RI	Zip 02818	
<b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Manager Name Dale J DeJoy		Manager Name Michael E Dumont			
Street Address 11 Fox Ct		Street Address Commodore Hotel - Main St			
City Wakefield	State RI	Zip 02879	City Windsor	State TN	Zip 37096
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
<b>8. RESIDENT AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED**  
 APR 30 2012 12:47  
 By 169649  
 KML

2012 APR 30 PM 12:47  
 SECRETARY OF STATE  
 CORPORATIONS DIV

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By \_\_\_\_\_  
**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.

[Signature] 4/30/12  
 Signature of Authorized Person Date  
 Dale J DeJoy - Member  
 Print of Type Name of Authorized Person