



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 2012

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. <u>000073528</u>		2. Exact name of the limited liability company <u>Meeting Street Associates, LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>REAL ESTATE</u>			
5. Principal office address <u>1145 MAIN STREET, SUITE 3</u>		City <u>PAWTUCKET</u>	State <u>RI</u>	Zip <u>02860</u>	
6. CONTACT ADDRESS OF LIMITED LIABILITY COMPANY AND HOME OFFICE OF CONTACT PERSON					
Contact Name <u>STEFANIA M. MARDO</u>		Contact Title			
Street Address <u>1145 MAIN STREET, SUITE 3</u>		City <u>PAWTUCKET</u>	State <u>RI</u>	Zip <u>02860</u>	
7. LIST ALL MANAGERS' NAMES AND ADDRESSES OF THE LIMITED LIABILITY COMPANY IF APPLICABLE. DO NOT LIST MEMBERS. (ATTACH FOR EACH LINE) ☐					
Manager Name <u>STEFANIA M. MARDO</u>		Manager Name			
Street Address <u>1145 MAIN STREET, SUITE 3</u>		Street Address			
City <u>PAWTUCKET</u>	State <u>RI</u>	Zip <u>02860</u>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	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 Form 642.					

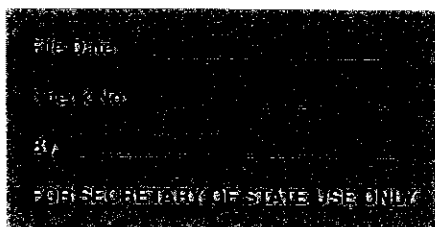
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REGISTRATION DIV



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.

Stefania Mardo 9/17/12
Signature of Authorized Person Date

STEFANIA M. MARDO
Print or Type Name of Authorized Person