

## 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

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## 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.

2. Exact name of the limited liability company MCM Realty Associates, LLC					
Brief description of the character of business conducted in Rhode Island     Real Estate.					
		City North Providence	State RI	Zip <b>02904</b>	
IMITED LIABILI	TY COMPANY AND NA	AME OR TITLE OF CONTACT PERS	SON-		
Want to the state of the state		Contact Title Manager			
reet Address 26 Sorrell Road		City North Providence	State RI	Zip <b>02904</b>	
AMES AND ADD	RESSES) OF THE LI	MITED LIABILITY COMPANY, IF AP	PLICABLE - DO	NOT LIST MEMBERS	
Manager Name Michael J. Manni		Manager Name			
treet Address 26 Sorrell Road		Street Address			
State <b>RI</b>	Zip <b>02904</b>	City	State	Zip	
		Manager Name			
Street Address		Street Address			
State	Zip	City	State	Zip	
ODE ISLAND					
	Office of the County		, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
or record in the	onice of the Secreta	ary of State. Changes require filing	Form 642.		
	A. Brief des Real Est  IMITED LIABILIT  IAMES AND ADDE ENT)  State RI  State RI	MCM Realty Associates,  4. Brief description of the character Real Estate.  IMITED LIABILITY COMPANY AND NATIONAL STATE STATE RI Zip 02904  State Zip 02904	A. Brief description of the character of business conducted in Rhode Isl Real Estate.  City North Providence  LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERS Contact Title Manager  City North Providence  LIABILITY COMPANY, IF AP  ENT)  Manager Name  Street Address  State RI  Zip 02904  Manager Name  Street Address  State State Zip City City City City City City City City	4. Brief description of the character of business conducted in Rhode Island Real Estate.    City North Providence RI	

FILED

SEP 2 0 2012

By\_MMC) Ch # 45245

File Date	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.		
Check No	And that all statements contained herein are true as	nd correct.	
Ву:	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY	Michael J. Manni		
	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012