



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.<br><u>538835</u>   |       | 2. Exact name of the limited liability company<br><u>M &amp; D Property Maint LLC</u>             |                    |                     |     |
| 3. State of Formation<br><u>RI</u>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><u>Real Estate</u> |                    |                     |     |
| 5. Principal office address<br><u>206 Great rd</u>  |       | City<br><u>North Smithfield</u>   | State<br><u>RI</u> | Zip<br><u>02896</u> |     |
| <b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>   |       |   |                    |                     |     |
| Contact Name<br><u>Marcel Mark</u>  |       | Contact Title<br><u>SOLE PROPRIETOR</u>   |                    |                     |     |
| Street Address<br><u>206 Great rd</u>   |       | City<br><u>N. Smithfield</u>  | State<br><u>RI</u> | Zip<br><u>02896</u> |     |
| <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  |       | Manager Name  |                    |                     |     |
| Street Address  |       | Street Address  |                    |                     |     |
| City  | State | Zip   | City               | State               | Zip |
| 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.   |       |   |                    |                     |     |

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

**FILED**  
 SEP 27 2012  
 2317

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 [Signature] Date 9/27/12  
 Print or Type Name of Authorized Person Marcel Mark