

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.

Rhode Island 5. Principal office address 254 Cranston Street Providence RI 02907 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Michael Autiello Street Address 254 Cranston 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBER ("X" BOX FOR ATTACHMENT) Manager Name Manager Name Street Address City State Zip City State Zip City State Zip Manager Name Manager Name Street Address City State Zip City State Zip City State Zip Manager Name Street Address City State Zip City State Zip Manager Name Street Address City State Zip Manager Name Street Address City State Zip City State Zip Street Address City State Zip Street Address	1. Entity ID No. 164472	2. Exact name of the limited liability company MAL Real Estate Holdings, LLC					
Rhode Island 5. Principal office address 254 Cranston Street Providence RI 02907 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Michael Autiello Street Address City Providence RI City State RI City Providence RI City Providence RI City State RI City State City State Zip City State Zip City State Zip City State Zip Manager Name Manager Name Street Address City State Zip City State Zip City State Zip City State Zip Street Address City State Zip City State Zip Street Address City State Zip City State Zip Street Address	3. State of Formation	4. Brief desc	Brief description of the character of business conducted in Rhode Island Management of Real Estate				
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Michael Autiello Street Address 254 Cranston City Providence City Providence RI Zip 02907 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBER ("X" BOX FOR ATTACHMENT) Manager Name Manager Name Street Address City State Zip City State Zip Manager Name Street Address City State Street Address City State Zip City State Zip Street Address City State Zip City State Zip Street Address	Rhode Island	мападег					
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Michael Autiello Street Address 254 Cranston City Providence RI Zip 02907 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBER ("X" BOX FOR ATTACHMENT) Manager Name Manager Name Street Address City State Zip City State Zip Manager Name Street Address City State Zip City State Zip Manager Name Street Address City State Zip Manager Name Street Address City State Zip City State Zip Street Address City State Zip 8. RESIDENT AGENT IN RHODE ISLAND	6. MAILING ADDRESS OF	LIMITED LIABILIT	TY COMPANY AND	NAME OR TITLE OF CONTACT P	ERSON:		
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBER ("X" BOX FOR ATTACHMENT) Manager Name Street Address City State Zip City State Zip Manager Name Manager Name Street Address City State Zip City State Zip Manager Name Street Address City State Zip City State Zip Street Address City State Zip Street Address				***************************************			
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City State Zip City State Zip 8. RESIDENT AGENT IN RHODE ISLAND	Manager Name			Manager Name			
8. RESIDENT AGENT IN RHODE ISLAND	Street Address			Street Address			
	City	State	Zip	City	State	Zip	
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.	This information is currer	itly of record in th	e Office of the Sec	retary of State. Changes require f	filing Form 642.		

OCT 12 2012

File Date _____

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 of Authorized Passon

Date

Michael Autiello

Print or Type Name of Authorized Person