



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 **2013**

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. 535568		2. Exact name of the limited liability company MCM Properties, LLC			
3. State of Formation Rhode island		4. Brief description of the character of business conducted in Rhode Island Acquiring, developing, owning, leasing, mortgaging, operating and disposing of real property or interest therein, wherever located.			
5. Principal office address 1445 Main Road			City Tiverton	State RI	Zip 02878
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Norman MacLeod, III			Contact Title		
Street Address 1445 Main Road			City Tiverton	State RI	Zip 02878
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"/>					
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
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.					

FILED

SEP 10 2013

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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.

Norman MacLeod, III 8/29/13
 Signature of Authorized Person Date

Norman MacLeod, III
 Print or Type Name of Authorized Person

File Date: _____
 Check No: _____
 By: _____
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