CALPH MOL St	ate of Rhode Island and Pr	
	Office of the Secret	tary of State
	Division Of Busines	
	148 W. River	
	Providence RI 029	
etary of St	(401) 222-3	040
_imited Liability Com	pany	
Annual Report		
Filing Period: September 1 -	November 1	
	7-16-66(d), each limited liability cor	
o file its annual report withir 16-66(b&c)) is subject to a p	n thirty (30) days after the time pres	cribed by law (R.I.G.L. 7-
	enalty lee of \$25.00.	
ANNUAL REPORT YEAR:	2013	
1. ID No. <u>000128935</u>		
2. Exact Name of the Lin	nited Liability Company <u>Massac</u>	chusetts Business Association, L.L.C.
3. State of Formation		
State: <u>DE</u>		
4. Brief Description of the	Character of the Business White	ch is Actually Conducted in Rhode Island
INSURANCE AND REL	ATED SERVICES.	
5. Principal Office Addres	ŝs	
No. and Street: 135	WOOD ROAD	
	AINTREE State: N	IA Zip: 02184 Country: USA
6. Mailing Address of Lin	nited Liability Company and Nan	ne or Title of Contact Person:
Contact Name: Contact T	ītle:	
	P, 500 W. MADISON STREE	Γ
SUITE 2		
City or Town: <u>CHICAG</u>	<u></u>	State: IL Zip: 60661 Country: US
	Each Manager of the Limited Lia	ability Company, if Applicable.
DO NOT LIST MEMBER	S	
	Individual Name	Address
Title		
Title	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
Title	First, Middle, Last, Suffix BRETT SCHNEIDER	Address, City or Town, State, Zip Code, Country 340 MADISON AVENUE NEW YORK, NY 10173 USA
		340 MADISON AVENUE NEW YORK, NY 10173 USA 1250 CAPITAL OF TEXAS HWY S
MANAGER	BRETT SCHNEIDER	340 MADISON AVENUE NEW YORK, NY 10173 USA

## <u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

## 9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 31 Day of October, 2013 at 3:21:50 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>BRETT SCHNEIDER</u> Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$  2007 - 2013 State of Rhode Island and Providence Plantations All Rights Reserved