

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 2014

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. 107103	2. Exact name of the limited liability company M/D Trust LLC								
3. State of Formation	I	Brief description of the character of business conducted in Rhode Island Hold securities							
5. Principal office address 90 Elm Street	reet		City Providence	State RI	Zip 02903				
6. MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY AND N	AME OF TITLE OF CONTACT P	ERSON:					
Contact Name Paul W. Whyte			Contact Title	Contact Title					
Street Address 90 Elm Street			City Providence	State RI	Zip 02903				
7. LIST ALL MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADE MENT) [RESSES) OF THE LI	MITED LIABILITY COMPANY, II	APPLICABLE - DO	NOTLIST MEMBERS				
Manager Name Paul W. Whyte		Manager Name							
Street Address 90 Elm Street			Street Address						
City Providence	State RI	Zip 02903	City	State	Zip				
anager Name		Manager Name							
Street Address			Street Address						
City	State	Zip	City	State	Zip				
8. RESIDENT AGENT IN A	HODE ISLAND				The state of the s				
This information is curren	tly of record in the	e Office of the Secret	ary of State. Changes require t	iling Form 642.					

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Form No. 632 Revised: 01/2012 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.

and that all statements contained herein are true and c

Print or Type Name of Authorized Person

Signature of Authorized Person