



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2645  
401-222-3040

### LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b)&(c)) is subject to a penalty fee of \$25.00.

1. ID No. <b>334097</b>		2. Exact name of the limited liability company. <b>MR Development, LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of the business carried on in Rhode Island <b>Real estate development company</b>			
5. Principal office address <b>990 Mineral Spring Avenue</b>		City <b>N. Providence</b>		State <b>RI</b>	
				Zip <b>02904</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Joseph R. Ricci</b>			Contact Title <b>Operating Manager</b>		
Street Address <b>990 Mineral Spring Avenue</b>		City <b>N. Providence</b>		State <b>RI</b>	
				Zip <b>02904</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("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 - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name <b>Joseph J. Reale, Jr.</b>			Address <b>Joseph J. Reale, Jr., Ltd.</b>		
Address <b>400 South Main Street</b>		City <b>Providence</b>		Zip <b>02903</b>	

**FILED**

**OCT 20 2014**

BY 21997

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

**334097**

File Date _____
Check No. _____
By: _____
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 Person Joseph R. Ricci Date 10/15/14  
Print or Type Name of Authorized Person \_\_\_\_\_