

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 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. 116824	² Exact na MPS Rea	2. Exact name of the limited liability company MPS Realty Associates LLC				
3. State of Formation RHODE ISLAND	4. Brief des	cription of the character DEVELO	cter of business conducted in Rhode PMENT.	e Island		
5. Principal office address 1090 NEW LONDON AVENUE, UNIT 2			City CRANSTON	State RI	Zip 02920	
6, MAILING ADDRESS C	F LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT P	ERSON:		
Contact Name MARK P. SMALL, D.M.D.			Contact Title MEMBER			
Street Address 1090 NEW LONDON AVENUE, UNIT 2			City CRANSTON	State RI	Zip 02920	
7. LIST ALL MANAGER: ("X" BOX FOR ATTAC	S (NAMES AND ADD	PRESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS	
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					
	0.0000000000000000000000000000000000000	Office of the Secr	retary of State. Changes require f	iling Form 642.		
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FILED

OCT 24 2014

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File Date	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 all affice and correct.		
Check No	1/		
3v:	Signature of Authorized Person Date		
FOR SECRETARY OF STATE USE ONLY	MARK P. SMALL, D.M.D. Print or Type Name of Authorized Person		
ON SECRETARY OF STATE USE ONLY			

Form No. 632 Revised: 01/2012