

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.	2 Exact nar	2. Exact name of the limited liability company				
·		MAS Realty, LLC				
86652	m/so Not	,,				
3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island				
Rhode Island	To own,	To own, develop, lease and manage real estate				
5. Principal office address 100 Metro Center Boulevard			City Warwick	State RI	Zip 02886	
6. MAILING ADDRESS O	F LIMITED LIABILIT	Y COMPANY AND NA	ME OR TITLE OF CONTACT	PERSON:		
Contact Name Mark A. Soderstrom			Contact Title Manager			
Street Address 100 Metro Center Boulevard			City Warwick	State RI	Zip 02886	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC		RESSES) OF THE LIF	MITED LIABILITY COMPANY,	IF APPLICABLE - <u>Do</u>	NOT LIST MEMBERS	
Manager Name Mark A. Soderstrom			Manager Name Fonnie C. Soderstrom			
Street Address 100 Metro Center Boulevard			Street Address 100 Metro Center Boulevard			
City Warwick	State RI	Zip 02886	City Warwick	State RI	^{Zip} 02886	
Manager Name	<u> </u>		Manager Name			
Street Address			Street Address		20 000	
City	State	Zip	City	State	Zip O	
8, RESIDENT AGENT IN	RHODE ISLAND	<u> </u>			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
This information is curre	ently of record in th	e Office of the Secret	ary of State. Changes require	filing Form 642.	<u> </u>	
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BY a 235204

File Date _______
Check No ________
By: ______
FOR SECRETARY OF STATE USE ONLY

Under penalty of periury, 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.

ignatore of Authorized Person

Mark A. Soderstrom

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012