



**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 **2015**

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. <b>536185</b>		2. Exact name of the limited liability company <b>M &amp; R CONNECTIONS LLC</b>			
3. State of Formation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>PUBLISHER</b>			
5. Principal office address <b>565 QUAKER LANE UNIT 13</b>		City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>RICHARD J. SLATER</b>			Contact Title <b>MANAGER</b>		
Street Address <b>565 QUAKER LANE UNIT 13</b>		City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>	
7. LIST <b>ALL</b> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>RICHARD J. SLATER</b>			Manager Name		
Street Address <b>565 QUAKER LANE UNIT 13</b>			Street Address		
City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED**

SEP 11 2015

BY 16716

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

Date

Richard J Slater  
Print or Type Name of Authorized Person

9-8-15