

	State of Rhode Island and Providence Plantations Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040	Fee: \$50.00
Limited Liability Company Annual Report 2015 Filing Period: September 1 - November 1		
<i>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.</i>		
ANNUAL REPORT YEAR: <u>2015</u>		
1. ID No. <u>000970849</u>		
2. Exact Name of the Limited Liability Company <u>MKA FIX Holdings, LLC</u>		
3. State of Formation State: <u>RI</u>		
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island <u>PRODUCT DEVELOPMENT SERVICES</u>		
<div style="position: relative; height: 40px;"> FILED SEP 17 2015 </div>		
5. Principal Office Address		
No. and Street: <u>1 PARK ROW, SUITE 401</u> City or Town: <u>PROVIDENCE</u> State: <u>RI</u> Zip: <u>02906</u> Country: <u>USA</u>		
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>MICHAEL ALLIO</u> Contact Title: <u>PRINCIPAL</u> No. and Street: <u>153 BOWEN STREET</u> City or Town: <u>PROVIDENCE</u> State: <u>RI</u> Zip: <u>02906</u> Country: <u>USA</u>		
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS		
Name	Address <small>Address, City or Town, State, Zip Code, Country</small>	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11 <u>MICHAEL K. ALLIO 153 BOWEN STREET PROVIDENCE , RI 02903</u>		

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

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: MICHAEL K. ALLIO

Business Name: MKA FIX HOLDINGS, LLC

No. and Street: 153 BOWEN STREET

City or Town: PROVIDENCE

State: RI

Zip: 02903

Country: USA

Contact Phone: (206) 422-1987 ext:

Contact Email: MICHAEL@ALLIOASSOCIATES.COM

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 17 Day of September, 2015 at 11:48:59 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By MICHAEL K. ALLIO

Signature of Authorized Person

Form No. 632
Revised 09/07

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