

## 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.	2. Exact na	2. Exact name of the limited liability company					
334097	MR Dev	MR Development LLC					
3. State of Formation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Real es	Real estate development company.					
5. Principal office address 990 Mineral Spring Avenue			City N. Providence	State <b>RI</b>	Zip <b>02904</b>		
	FLIMITED LIABILI	TY COMPANY AND	NAME OF TITLE OF CONTACT PE	RSON:			
Contact Name Joseph R. Ricci			Contact Title Operating Manager				
Street Address 990 Mineral Spring Avenue			City N. Providence	State <b>RI</b>	Zip <b>02904</b>		
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC	(NAMES AND ADI	PRESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - <u>Do</u>	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 F	RHODE ISLAND						
This information is curre	ntly of record in th	e Office of the Secr	retary of State. Changes require fili	ng Form 642.			

FILED

OCT 2 1 2015

File Date BY 236	Under penalty of perjury, I declare and affirm that I have examine this report, including any accompanying schedules and statement and that all statements contained herein are true and correct.			
Check No	Signature of Authorized Person Date	1,5		
FOR SECRETARY OF STATE USE ONLY	oseph R. Ricci			
	Print or Type Name of Authorized Person	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012