

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. 825604	2. Exact name of the limited liability company MEP & Sons, LLC					
3. State of Formation	Brief description of the character of business conducted in Rhode Island					
RI	Real Esta	te				
5. Principal office address 1007 Broad Street			City Providence	State RI	^{Zip} 02905	
	LIMITED LIABILITY	Y COMPANY AND	NAME OR TITLE OF CONTACT P	ERSON:		
Contact Name Manuel E. Peguero			Contact Title Member			
Street Address 1007 Broad Street			City Providence	State Ri	^{Zip} 02905	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name NONE			Manager Name NONE	Manager Name NONE		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name NONE			Manager Name NONE	NOŇE		
Street Address			Street Address		8 3.5.4.4	
City	State	Zip	City	State	ZIPL STEET	
B. RESIDENT AGENT IN R	HODE ISLAND				量 医节门	
This information is curre	ntly of record in the	Office of the Seci	retary of State. Changes require	filing Form 642.	9 7	
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		OCT 27	2015			
	f	By 2599	539			
		A	A			
File Date			this report, including	any accompanying	firm that I have examined schedules and statement are true and correct.	
Check No			man	of Prize	10 22 Jr	
Ву:				_	Date	
FOR SECRETARY OF STATE USE ONLY				Manuel E. Peguero		
FUH SECHETARY UP STATE USE ONLY			Print or Type Name of	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012