

STATE OF RHODE ISLAN AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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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.

Entity ID No.	Macker Ma	of the limited liability	Company		
793027	ļ				
State of Formation	Brief description of the character of business conducted in Rhode Island Owner of investment property in the State of Rhode Island				
Rhode Island			City	State	Zip
Principal office address				MA	01095
29 Red Bridge Road	WITED LIABILITY	COMPANY AND N	AME OR TITLE OF CONTACT P	ERSON:	
ontact Name	1911 1 de pa		Contact Title President		
Brian McLaughlin Street Address 29 Red Bridge Road			City Wilbraham	State MA	7ip 01095
("X" BOX FOR ATTACHME	ENT) 🗌		IMITED LIABILITY COMPANY, I		
("X" BOX FOR ATTACHME	ENT) 🗌		Manager Name		
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	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, the second period beginning are true and correct.
File Date	this report, including any accompany and that all statements contained herein are true and correct.
Check No	Signature of Authorized Person Date
Ву:	Brian McLaughlin
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012 OCT 2 6 2015