/ 42 1	d and Providence Plantations State - Business Services Division	216	୍ଦ ଓଡ଼ ଓଟ ଓଟ ୪୯୯ (୮)
Annual Report for the year:		UL 15 PM 12: 53	
1. Entity ID Number	2. Exact name of the Limited Liability Company		
000130570	MBP MUSONLY LLC		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island		
RI	MASONY		

5. Principal Office Address			City	State	Zip		
157 1	ound Rd		Cumberla	red RI	02864		
6. Mailing Address	of Limited Liability Compa	iny and Name o	or Title of Contact Person	•			
Contact Name Tosph Pachero			Contact Title	Contact Title MOMBPV			
Street Address 157 Pound Rd			City Cruberlun	State /	Zip 0 2864		
7. List ALL manage	ers (names and addresses	s) of the Limited	Liability Company, IF APPLI	CABLE - do not list n	MEMBERS		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name	<u> </u>		Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
				Check the box to in	dicate an attachment		
8. Resident Agent in	n Rhode Island. This inform	ation is currently	of record in the Department of St	ate. Changes require filing F	orm 642.		
	erjury, I declare and affi at all statements contai		examined this report, inclu- true and correct.	ding any accompanying	schedules and		
Name of Authorized		_		Date	-		
Joseph	Pacheco			July	15 2016		
Signature of Authori				,			

SIGN DOCUMENT HERE

FILED

12:55

JUL 1 5 2016

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov By A 279134