

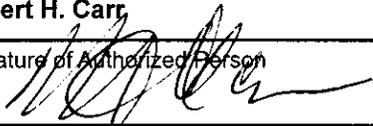


State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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 SECRETARY OF STATE  
 CORPORATIONS DIV.  
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**Annual Report for the year:** 2015  
**Limited Liability Company**

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

|   |       |  |                           |                           |                     |
|---|-------|--|---------------------------|---------------------------|---------------------|
| 1. Entity ID Number<br><b>793429</b>  |       | 2. Exact name of the Limited Liability Company<br><b>MBQ, LLC</b>  |                           |                           |                     |
| 3. State of Formation<br><b>Rhode Island</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Own and sell real estate</b> |                           |                           |                     |
| 5. Principal Office Address<br><b>One Ship Street</b>   |       |  | City<br><b>Providence</b> | State<br><b>RI</b>        | Zip<br><b>02903</b> |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |  |                           |                           |                     |
| Contact Name <b>Marc A. Greenfield</b>  |       |  | Contact Title             |                           |                     |
| Street Address <b>One Ship Street</b>   |       |  | City <b>Providence</b>    | State <b>RI</b>           | Zip <b>02903</b>    |
| 7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |       |  |                           |                           |                     |
| Manager Name <b>Marc A. Greenfield</b>  |       |  | Manager Name              |                           |                     |
| Street Address <b>same as above</b>   |       |  | Street Address            |                           |                     |
| City  | State | Zip  | City                      | State                     | Zip                 |
| Manager Name  |       |  | Manager Name              |                           |                     |
| Street Address  |       |  | Street Address            |                           |                     |
| City  | State | Zip  | City                      | State                     | Zip                 |
| Check the box to indicate an attachment <input type="checkbox"/>  |       |  |                           |                           |                     |
| 8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 642.   |       |  |                           |                           |                     |
| <b>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</b> |       |  |                           |                           |                     |
| Name of Authorized Person<br><b>Robert H. Carr</b>  |       |  |                           | Date<br><b>07/15/2016</b> |                     |
| Signature of Authorized Person<br>   |       |  | SIGN DOCUMENT HERE        |                           |                     |

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED** 8:57  
**JUL 19 2016**  
 By 279355