

Annual Report for the year: **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.						
7 renaity. Additional \$25.00 fee in form is not filled by December 1.					~-J	
1. Entity ID Number	2. Exact n	ame of the Limite	ed Liability Company			
150182	MDS Real	ity, LLC				
3. NAICS Code	4. Brief de	scription of the cl	haracter of business conducted	in Rhode Island		
53 - Re al Estate and Rental ar	Real estat	Real estate holding company				
5. State of Formation	1					
Rhode Island						
6. Principal Office Address	<u>. </u>		City	State	Zip	
342 East Avenue			Pawtucket	RI	02860	
7. Mailing Address of Limited Lia	bility Compa	any and Name or		·		
Contact Name James Sullivan			Contact Title Manager	Contact Title Manager		
Street Address 342 East Avenue			City Pawtucket	State RI	Zip 02860	
8. List ALL managers (names ar	nd addresse	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST N	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
				Check the box to in	ndicate an attachment	
9. Resident Agent in Rhode Islan	ıd. This inforn	nation is currently c	of record with the Department of Sta	ate. Changes require filin	g Form 642.	
Under penalty of perjury, I deci statements, and that all statem				ng any accompanying	g schedules and	
Name of Authorized Person				Date	Date	
James Sullivan				11/29/16		
Signature of Authorized Person	1/	Kian ty 1		•		

MAIL TO:

Division of Business Services

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

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

FORM 632 - Revised: 08/2016