

State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

## 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.

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Entity ID Number	2. Exact name of the Limited Liability Company					
507 905	MATO Rea Au. UC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
55	Real ESTATE					
5. State of Formation						
6. Principal Office Address			City /	State	Zip	
171 Breadway			Providence	RI	02903	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Jack Simner			Contact Title  Member  City  East Green with RI 028/8			
Street Address 90 Kirr Farm Drive			East Greenwith	State 1	Zip 0 2 8/8	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name	<del></del>		Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Check the box to indicate an attachment						
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.						
Under penalty of perjury, I dec statements, and that all states			nined this report, including any and correct.	/ accompanying	g schedules and	
Name of Authorized Person  John G. Sommer Member 1 (2001)						
Signature of Authorized Person			CUMENT HERE			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02934-2615

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

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FORM 632 - Revised: 08/2016