| State of Rhode Island and Providence Plantations | | | | | | |
|--|--|---|---------------------|-----------|---------------------------------------|--|
| Department of St | | | s Division | | | |
| M.W.E. | | | | 2 | 20 | |
| Annual Report for the year: 2015 | | | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| Limited Liability Company | | | | | | |
| → Filing period: September 1 - November 1 | | | | | 1 | |
| → Filing Fee: \$50.00 → Penalty: Additional \$25.00 | fee if form is | not filed by Decen | nher 1 | , | | |
| 7 (animaj) / (animajim 422222 | 100 11 121111 12 1 | 100 man ay 2222 | | 1.4 | | |
| Entity ID Number | 2. Exact name | e of the Limited Lia | | - FA | | |
| 000943941 | MBECL Inves | MBECL Investments, LLC | | | | |
| 3. NAICS Code | | 4. Brief description of the character of business conducted in Rhode Island | | | | |
| 53 - Real Estate and Renta To acquire, develop, finance and sell real estate. | | | | | | |
| 5. State of Formation | | | | | | |
| RI | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | |
| 1 Corr Way | | | East Greenwich | Ri | 02818 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | |
| Contact Name Michael Fain | | | Contact Title | | | |
| Street Address 1 Corr Way | | | City East Greenwich | State RI | ^{Zip} 02818 | |
| 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 | Stat- | 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 | | | | | | |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filling Form 642. | | | | | | |
| 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. | | | | | | |
| Name of Authorized Person Date | | | | | | |
| Michael Fain | | | | 1/11/2019 | | |
| Signature of Authorized Person | ignature of Authorized Person 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



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BY 1933355