RI SOS Filing Number: 201751365170 Date: 10/10/2017 4:00:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017 **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 132363 | | 2. Exact name of the Limited Liability Company MRK Realty, LLC | | | | | |
|--|------------------|---|---|----------------------|-----------------------------|--|--|
| 3. NAICS Code 531110 | 4. Brief de | 4. Brief description of the character of business conducted in Rhode Island Realty Holding Company | | | | | |
| 5. State of Formation Rhode Island | | | | | | | |
| 6. Principal Office Address 2845 Post Road, Suite 213 | | | City Warwick | State RI | Zip 02886 | | |
| 7. Mailing Address of Limited | Liability Compa | any and Name o | | | | | |
| Contact Name Mark Karnes | | | Contact Title Member | Contact Title Member | | | |
| Street Address 2845 Post Road, Suite 213 | | | City Warwick | State RI | ^{Zip} 02886 | | |
| 8. List ALL managers (names | and addresse | s) of the Limited | Liability Company, IF APPLICA | BLE - DO NOT LIST I | MEMBERS | | |
| Manager Name | | | Manager Name | | | | |
| Street Address | | | Street Address | Street Address | | | |
| City | State | Zip | City | State | Zip | | |
| Manager Name | | | Manager Name | | | | |
| Street Address | | | Street Address | Street Address | | | |
| City | State | Zip | City | State | Zip | | |
| | <u> </u> | . | <u> </u> | Check the box to | indicate an attachment☐ | | |
| 9. Resident Agent in Rhode Is | land. This infor | mation is currently | of record with the Department of St | | | | |
| Under penalty of perjury, I d statements, and that all stat | | | examined this report, including true and correct. | ng any accompanyin | g schedules and | | |
| Name of Authorized Person | | | | Date | Date | | |
| Richard Karnes | | | | Octob | October 4, 2017 | | |
| Signature of Authorized Person | Rav | SIGI | N DOCUMENT HERE | | | | |

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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

OCT 1 0 2017

FORM 632 - Revised: 08/2017