RI SOS Filing Number: 201868556180 Date: 6/4/2018 4:00:00 PM

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.

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|--|---|-----|--------------------------------|----------|----------------------|--|--|
| 1. Entity ID Number 1061500 | 2. Exact name of the Limited Liability Company MMS REALTY, LLC | | | | | | |
| 3. NAICS Code | | | | | | | |
| 53 \ 741) | 4. Brief description of the character of business conducted in Rhode Island | | | | | | |
| 1710 | TO OWN AND ACQUIRE REAL ESTATE | | | | | | |
| 5. State of Formation Rhode Island | | | | | | | |
| Knode Island | | | | | | | |
| 6. Principal Office Address | | | City | State | Zıp | | |
| 110 Canonchet Trail | | | Cranston | RI | 02921 | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | | |
| Contact Name Steven A. Moretti, Esq. | | | Contact Title Registered Agent | | | | |
| Street Address 1140 Reservoir Avenue | | | City Cranston | State RI | ^{Zip} 02920 | | |
| 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 | | | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zıp | 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 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 | | | | | | | |
| Daniel Magiera / Duc 2018 | | | | | | | |
| Signature of Authorized Person | | | | | | | |
| A 3M DOCUMENT HERE | | | | | | | |
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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**

JUN 04 2018

BY 5/210 DS