

* STATE OF RHODE ISLAND * AND PROVIDENCE PLANTATIONS * Office of the Secretary of State

Matthew A. Brown, Secretary of State Corporations Division 148 W. River Street, Providence, RI 02904-2615 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR Filing Period: September 1 - November 1 • Filing Fee: \$50.00

FOR SECRETARY OF STATE USE ONLY

1. <i>ID Ño.</i> 122713	2. Exact name of the limited MCO PROPERTIES					
State of Formation			e business which is actually conducted t	in Rhode Island		
RHODE ISLANI	REAL ESTATE					
Principal office add			City	State	Zip	
99 WESTMINS			PROVIDENCE	RI	02903-	
. MAILING AD	DRESS OF LIMITED LI	ABILITY COMP	ANY AND NAME OR TITLE (Contact Title	OF CONTACT PE	ISON:	
oseph m mar	TINOUS		•			
reet Address DBOX 6007	·		City			
	DDDESS OF EVEL MAN	ACED OF THE	. PROVIDENCE LIMITED LIABILITY COMP			
	ANY MODIFICATIONS TO	ES BEFORE, USING MANAGERS REQU	G ATTACHMENTS A CHARLES FILING OF AMENDMENT. R	ÖR ATTÄCHMENT) □ I.G.L 7-16-12 (a) (2) /	7-16-52	
nager Name			• Manager Name •	<u> </u>		
rees Address			· Street Address			
ity	State	Zip	*City	State	Zip	
anager Name			Manager Name			
reet Address			· Sirvet Address			
<u></u> -	State	Zip	.City	State	Zip	
RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER: CH gent Name JOSEPH M. MARTINOUS, ESQ. ddress			Address 999 WESTMINSTER STREET City Zip			
			PROVIDENCE		° 02903-	
is reportinust i	be executed by an author	izea person pursi	uant to R.I.G.L. 7-16-66 (b).			
	1 2 2 7 1 3				irm that I have examined	
ile Date d-	1 2 2 7 1 3 01/23/06 05:34:59 PM° 87-06		this report, including and that all statemen	any accompanying so	chedules and statements, e true and correct.	
122713 DLLC File Date <u>d</u> - heck No. 13	1 2 2 7 1 3 01/23/06 05:34:59 PM° 87-06 63		this report, including and that all statement	any accompanying s	chedules and statements, e true and correct. Date	

Form 632 Rev. 12/05



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liabilty company L. ID No. 122713 MCO PROPERTIES, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island A limited liability company engaged in the purchasing, selling, constructing, and RHODE ISLAND holding of real estate and any other lawful purpose 5. Principal office address State 999 WESTMINSTER STREET **PROVIDENCE** RI 02903 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title JOSEPH M. MARTINOUS Street Address City State Zip P.O. BOX 6007 . PROVIDENCE RI 02940-6007 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ... ANY MODIFICATIONS TO MANAGERS'REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name · Manager Name Street Address Street Address City State Zip City State Zip Manager Name Manager Name Street Address Street Address Zip City City State Zip 8. RESIDENT ACENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11 JOSEPH M. MARTINOUS, ESQ. 999 WESTMINSTER STREET Address **PROVIDENCE** 02903-

This report must be signed in ink by an authorized person pursuant to 7-16-66.



	DLLG-09/08/04-03:36:51 PM*
File Date	
Check No.	SEP 08 2004
Ву:	By my 3904
FOR SECRI	ETARY OF STATE USE ONLY

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.

Signature of pathy ized Person

Date

rint or Type Name of Authorized Person

Form 632 Rev. 6/02



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPE	D OR PR	INTED IN BL	4 CK)					
1. ID No. 122713		t name of the limited liabilty company PROPERTIES, LLC						
3. State of Formation	<u>'</u>	4. Brief descrip	otion of the character of t	he business which is actually conducti	ed in Rhode Island			
				ny engaged in the purchasing, selling, constructing, and d any other lawful purpose				
5. Principal office addre	33			City	State	Zip		
999 WESTMINSTER STREET				PROVIDENCE	RI	02903		
6. MAILING ADDI	RESS O	F LIMITED	LIABILITY COMP	ANY AND NAME OR TITLE	OF CONTACT PL	ERSON:		
Contact Name JOSEPH M. M.	ARTINO	us		Contact Title				
Street Address				City	State	Zip		
P.O. BOX 60	07			PROVIDENCE	RI	02940-6007		
		FILL IN'S	PACES BEFORE USIN	UIRES FILING OF AMENDMENT.	FOR ATTACHMENT)			
Manager Name				• Manager Name • •				
Street Address	-			*Sireet Address				
City		State	Zip	City	State	Zip		
Manager Name		· • • • • •		Manager Name				
Street Address				•Street Address				
City	···	State	Zip	City	State	Lip		
8. RESIDENT AGEN	(T IN RI	IODE ISLAI	ND -DO NOT ALTER- C	hanges require filing of	Form 642 - R:I.G.L.	7-16-11		
Agent Name		_	. –	Address				
JOSEPH M. MAR	LINOU	S, ESQ.		999 WESTMINST	ER STREET			
Address			City	City Zip				
				PROVIDENCE	NCE 02903-			
·				1				

This report must be signed in ink by an authorized person pursuant to 7-16-66.



122713 🛭	LLC 09/08/04-03:26:12 PM	
File Date		
Check No.	SEP 08 2004	
B _{Y.}	Br M43904	_
FOR SECRET	TARY OF STATE USE ONLY	_

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.