



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 2005

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

1. ID No. 122713		2. Exact name of the limited liability company MCO PROPERTIES, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE	
5. Principal office address 999 WESTMINSTER ST		City PROVIDENCE	State RI Zip 02903-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JOSEPH M MARTINOUS		Contact Title	
Street Address PO BOX 6007		City PROVIDENCE	State RI Zip 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
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name JOSEPH M. MARTINOUS, ESQ.		Address 999 WESTMINSTER STREET	
Address		City PROVIDENCE	Zip 02903-

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).



1 2 2 7 1 3

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 Authorized Person

Date

Joseph M. Martinous, Esq

Print or Type Name of Authorized Person

122713 DLLC 01/23/06 05:34:59 PM

File Date 12-27-06

Check No. 1363

By: AMF

FOR SECRETARY OF STATE USE ONLY



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

Manhew 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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 122713		2. Exact name of the limited liability company MCO PROPERTIES, LLC	
3. State of Formation RHODE ISLAND		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 holding of real estate and any other lawful purpose	
5. Principal office address 999 WESTMINSTER STREET		City PROVIDENCE	State RI Zip 02903
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JOSEPH M. MARTINOUS		Contact Title .	
Street Address P.O. BOX 6007		City PROVIDENCE	State RI Zip 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 .
Manager Name .		Manager Name .	
Street Address .		Street Address .	
City .	State .	Zip .	City .
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name JOSEPH M. MARTINOUS, ESQ.		Address 999 WESTMINSTER STREET	
Address .		City PROVIDENCE	Zip 02903-

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



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FILED

File Date

Check No. SEP 08 2004

By: BY m43904

FOR SECRETARY 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 Authorized Person
Joseph M. Martinous
Date
9/8/04
Print or Type Name of Authorized Person



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

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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 122713		2. Exact name of the limited liability company MCO PROPERTIES, LLC	
3. State of Formation RHODE ISLAND		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 holding of real estate and any other lawful purpose	
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Street Address .		Street Address .	
City .	State .	Zip .	City .
Manager Name .		Manager Name .	
Street Address .		Street Address .	
City .	State .	Zip .	City .
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name JOSEPH M. MARTINOUS, ESQ.		Address 999 WESTMINSTER STREET	
Address .		City PROVIDENCE	Zip 02903-

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



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File Date

FILED

Check No.

SEP 08 2004

By:

By: M43904

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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 Authorized Person

Date

9/8/04

Joseph M. Martinous

Print or Type Name of Authorized Person