

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 $^{2005}$

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) I ID No 2. Exact name of the limited liabilty company 116824 MPS Realty Associates, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE DEVELOPMENT RHODE ISLAND 5. Principal office address State 1090 NEW LONDON AVENUE, UNIT 2 CRANSTON ŔΙ 02920-6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title MARK P SMALL, DMD .MEMBER Street Address City State Zip 1090 NEW LONDON AVE. UNIT 2 . CRANSTON RI 02920-7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (8) (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 City State Zio State 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filling of Form 642 R.I.GL: 7-16-11 Agent Name Address BRUCE A. WOLPERT, ESQ. 10 DORRANCE STREET Address City Zip

PROVIDENCE

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



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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 place and correct.

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Mark P. Small, D.M.D.

Signature of Authorized Person

Print or Type Name of Authorized Person



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 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 1 ID No 116824 MPS Realty Associates, LLC 3 State of Formation 4 Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE DEVELOPMENT RHODE ISLAND 5 Principal office address City 1090 NEW LONDON AVENUE, UNIT 2 CRANSTON RΙ 02920 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name MARK P. SMALL, D.M.D. .MEMBER Street Address City State  $Z_{ip}$ 1090 NEW LCNDON AVENUE, UNIT 2 CRANSTON RI 02920 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 N/A N/A Street Address • Street Address City State Zip State Cin  $Z_{IP}$ Manager Name Manager Name N/A N/A Street Address Street Address City State City Zio State Zip 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.I., 7-16-11 Agent Name BRUCE A. WOLPERT, ESQ. 10 DORRANCE STREET, SUITE 530

City

PROVIDENCE

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



WOLPERT & GERSTENBLATT, INC.

Address

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FOR SECRETAR	Y OF STATE USI	E 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 for true and correct.

02903

Signature of Authorized Person

MARK P. SMALL, D.M.D.

Print or Type Name of Authorized Person



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) I ID No 2. Exact name of the limited liabilty company 116824 MPS Realty Associates, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation REAL ESTATE DEVELOPMENT **RHODE ISLAND** 5 Principal office address State City 1090 NEW LONDON AVENUE, UNIT 2 CRANSTON RΙ 02920 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name MARK P. SMALL, D.M.D. MEMBER Street Address City State Zip1090 NEW LONDON AVENUE, UNIT 2 . CRANSTON RI 02920 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 7-18-12 (a) (2) / 7-16-52 Manager Name •Manager Name N/A · Street Address Street Address State City State Zip \*City Zip Manager Name Manager Name Street Address Street Address City City State State Zip 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name Address BRUCE A. WOLPERT, ESQ. 10 DORRANCE STREET, SUITE 530 City Address Zıp WOLPERT & GERSTENBLATT, INC. PROVIDENCE 02903

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



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inder penalty of perjury, I declare and		
nis report, including any accompanyi	ng schedules ar	id statements,
nd that all statements contained here.	in are true and o	correct.
Must 1. M.	II IM	110/09
ignature of Authorized Person	Date	/
M-1 D 0 - 11 D M D		

Mark P. Small, D.M.D.
Print or Type Name of Authorized Person

Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401,222,3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR <u>2002</u>

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) L. ID No. 2. Exact name of the limited liabilty company 116824 MPS Realty Associates, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation **RHODE ISLAND** Real Estate Development 5. Principal office address City 02920 1090 New London Avenue, Unit 2 Cranston RI 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON. Contact Title Contact Name · Member Mark P. Small, D.M.D. State Street Address City 02920 RI 1090 New London Avenue, Unit 2 Cranston 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 N/A \* Street Address Street Address State Zip City City State Zip Manager Nume Manager Name Street Address ·Street Address City Zip Zip 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 tgent Name Wolpert & Gerstenblatt, Inc. BRUCE A. WOLPERT, ESQ. Address PROVIDENCE 10 DORRANCE STREET, SUITE 530 02903-

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



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 hereig are true and correct.

Signature of Authorized Person

Mark P. Small, D.M.D. Print or Type Name of Authorized Person

Check No.

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File Date