



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 2005**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

|  |              |  |               |
|--|--------------|--|---------------|
| 1. ID No.<br>116824  |              | 2. Exact name of the limited liability company<br>MPS Realty Associates, LLC   |               |
| 3. State of Formation<br>RHODE ISLAND  |              | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>REAL ESTATE DEVELOPMENT |               |
| 5. Principal office address<br>1090 NEW LONDON AVENUE, UNIT 2  |              | City<br>CRANSTON   | State<br>RI   |
|  |              | Zip<br>02920-  |               |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:   |              |  |               |
| Contact Name<br>MARK P SMALL, DMD  |              | Contact Title<br>MEMBER  |               |
| Street Address<br>1090 NEW LONDON AVE. UNIT 2  |              | City<br>CRANSTON   | State<br>RI   |
|  |              | Zip<br>02920-  |               |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE<br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> <input checked="" type="checkbox"/><br>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<br>BRUCE A. WOLPERT, ESQ.   |              | Address<br>10 DORRANCE STREET  |               |
| Address  |              | City<br>PROVIDENCE   | Zip<br>02903- |

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



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\*116824 DLLC 08/31/05 04:32:27 PM\*

File Date 9/7/05

Check No. 174

By: DA

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

Date

Mark P. Small, D.M.D.

Print or Type Name of Authorized Person



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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.<br>116824  |       | 2. Exact name of the limited liability company<br>MPS Realty Associates, LLC   |              |
| 3. State of Formation<br>RHODE ISLAND  |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>REAL ESTATE DEVELOPMENT |              |
| 5. Principal office address<br>1090 NEW LONDON AVENUE, UNIT 2  |       | City<br>CRANSTON   | State<br>RI  |
|  |       | Zip<br>02920   |              |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:   |       |  |              |
| Contact Name<br>MARK P. SMALL, D.M.D.  |       | Contact Title<br>MEMBER  |              |
| Street Address<br>1090 NEW LONDON AVENUE, UNIT 2   |       | City<br>CRANSTON   | State<br>RI  |
|  |       | Zip<br>02920   |              |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE<br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/><br>ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52 |       |  |              |
| Manager Name<br>N/A  |       | Manager Name<br>N/A  |              |
| Street Address   |       | Street Address   |              |
| City   | State | City   | State        |
| Zip  |       | Zip  |              |
| Manager Name<br>N/A  |       | Manager Name<br>N/A  |              |
| Street Address   |       | Street Address   |              |
| City   | State | City   | State        |
| Zip  |       | 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<br>BRUCE A. WOLPERT, ESQ.   |       | Address<br>10 DORRANCE STREET, SUITE 530   |              |
| Address<br>WOLPERT & GERSTENBLATT, INC.  |       | City<br>PROVIDENCE   | Zip<br>02903 |

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



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|------------------------------------|
| *116824 DLLC 08/31/04 03:14:43 PM* |
| File Date _____                    |
| Check No. _____                    |
| By: _____                          |
| 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 Mark P. Small Date 9/3/04  
MARK P. SMALL, D.M.D.  
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<br>116824  |              | 2. Exact name of the limited liability company<br>MPS Realty Associates, LLC   |              |
| 3. State of Formation<br>RHODE ISLAND   |              | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>REAL ESTATE DEVELOPMENT |              |
| 5. Principal office address<br>1090 NEW LONDON AVENUE, UNIT 2   |              | City<br>CRANSTON   | State<br>RI  |
|   |              | Zip<br>02920   |              |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |              |  |              |
| Contact Name<br>MARK P. SMALL, D.M.D.   |              | Contact Title<br>MEMBER  |              |
| Street Address<br>1090 NEW LONDON AVENUE, UNIT 2  |              | City<br>CRANSTON   | State<br>RI  |
|   |              | Zip<br>02920   |              |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE.<br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/><br>ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52 |              |  |              |
| Manager Name<br>N/A   |              | Manager Name   |              |
| Street Address  |              | Street Address   |              |
| City  | State        | Zip  | City         |
| State   | Zip          | City   | State        |
| Manager Name  | Manager Name |  |              |
| Street Address  |              | Street Address   |              |
| City  | State        | Zip  | City         |
| State   | Zip          | City   | State        |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11   |              |  |              |
| Agent Name<br>BRUCE A. WOLPERT, ESQ.  |              | Address<br>10 DORRANCE STREET, SUITE 530   |              |
| Address<br>WOLPERT & GERSTENBLATT, INC.   |              | City<br>PROVIDENCE   | Zip<br>02903 |

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



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|                                    |
|------------------------------------|
| *116824 DLLC 09/05/03 03:02:15 PM* |
| File Date<br>9-12-03               |
| Check No.<br>141                   |
| By<br>a                            |
| 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  
Date 9/10/03

Mark P. Small, D.M.D.

Print or Type Name of Authorized Person



# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

|  |       |   |                      |                     |     |
|--|-------|---|----------------------|---------------------|-----|
| 1. ID No.<br><b>116824</b>   |       | 2. Exact name of the limited liability company<br><b>MPS Realty Associates, LLC</b>   |                      |                     |     |
| 3. State of Formation<br><b>RHODE ISLAND</b>   |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>Real Estate Development</b> |                      |                     |     |
| 5. Principal office address<br><b>1090 New London Avenue, Unit 2</b>   |       | City<br><b>Cranston</b>   | State<br><b>RI</b>   | Zip<br><b>02920</b> |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:   |       |   |                      |                     |     |
| Contact Name<br><b>Mark P. Small, D.M.D.</b>   |       | Contact Title<br><b>Member</b>  |                      |                     |     |
| Street Address<br><b>1090 New London Avenue, Unit 2</b>  |       | City<br><b>Cranston</b>   | State<br><b>RI</b>   | Zip<br><b>02920</b> |     |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE<br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/><br>ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52 |       |   |                      |                     |     |
| Manager Name<br><b>N/A</b>   |       | Manager Name  |                      |                     |     |
| Street Address   |       | Street Address  |                      |                     |     |
| City   | State | Zip   | City                 | State               | Zip |
| Manager Name   |       | Manager Name  |                      |                     |     |
| Street Address   |       | Street Address  |                      |                     |     |
| City   | State | Zip   | City                 | 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<br><b>BRUCE A. WOLPERT, ESQ.</b>  |       | Address<br><b>Wolpert &amp; Gerstenblatt, Inc.</b>  |                      |                     |     |
| Address<br><b>10 DORRANCE STREET, SUITE 530</b>  |       | City<br><b>PROVIDENCE</b>   | Zip<br><b>02903-</b> |                     |     |

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



\* 1 1 6 8 2 4 \*

|                                 |                    |
|---------------------------------|--------------------|
| File Date                       | <u>9-19-02</u>     |
| Check No.                       | <u>123</u>         |
| By:                             | <u>[Signature]</u> |
| 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] 9/18/02  
Signature of Authorized Person Date

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