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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

7019 SEP 25 A 10: 42

Annual Report for the year: **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.

Entity ID Number	2. Exact name of the Limited Liability Company				
1670531	MH REALTY, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
531390	Real Estate				
5. State of Formation	]				
RI					
6. Principal Office Address			City	State	Zip
200 COMPASS CIRCLE			NORTH KINGSTOWN	RI	02852
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name KEVIN HEARN			Contact Title MEMBER		
Street Address P.O. BOX 141			City WALPOLE	State MA	Zip 02032
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name KEVIN HEARN			Manager Name  MARC MCKENNA		
Street Address P.O. Box 141			Street Address P. O . Bo X		
City WALPOLE	State MA	Zip 02032	City	State MA	Zip 02032
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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					
Signature of Authorized Person  Line Land Land Land Land Land Land Land Land					
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  P/25/19					

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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