Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing	Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 Imited Liability Company Annual Report Imited Liability Company Annual Report Imited Liability Company failing or refusing the its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 8-66(bkd)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2020 1. ID No. 000148768 2. 2. Exact Name of the Limited Liability Company M.M.B. REALTY, LLC 3. State of Formation State: RI ARTICLE II Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on MACS can be found online. S1110 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island REAL ESTATE HOLDING State: RI Zip: 02893 Country: USA A manual report Within MARWER LANE City or Town: WEST WARWICK State: RI Zip: 02893 Country: USA <td< th=""><th></th><th></th><th></th><th></th></td<>							
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(401) 222-3040 Limited Liability Company Manual Report Filing Period: September 1 - November 1 In accordance with R1 G L. 7-16-66(d, each limited liability company failing or refusing to file its annual report with ritry (30) days after the time prescribed by law (R1 G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25 00. ANNUAL REPORT YEAR: 2020 1. ID No. 0000148768 2. Exact Name of the Limited Liability Company M.M.B. REALTY, LLC 3. State of Formation State: RI ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 531110 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island REAL ESTATE HOLDING 5. Principal Office Address No. and Street: 339 QUAKER LANE City or Town: WEST WARWICK State: RI Zip: 02893 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 339 QUAKER LANE	(401) 222-3040 Initical Liability Company Anual Report Initical Liability Company failing or refusing on the transmant report with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing on the transmant report with mitry (20) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2020 1. ID No. 000148768 2. Exact Name of the Limited Liability Company M.M.B. REALTY, LLC 3. State of Formation State: RI ARTICLE II Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online. 531110 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island REAL ESTATE HOLDING 5. Principal Office Address No. and Street: 339 QUAKER LANE City or Town: Yeas WaRWICK State: RI Zip: 02893 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Preson: Contact The: No. and Street: 339 QUAKER LANE City or Town: Yeas Yeas Yeas Yeas Yeas Yeas Yeas Yeas		148 W. River St	reet				
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No. and Street: City or Town: 339 QUAKER LANE WEST WARWICK State: RI Zip: 02893 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: No. and Street: 339 QUAKER LANE WEST WARWICK State: RI Zip: 02893 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Individual Name Address	No. and Street: 339 QUAKER LANE WEST WARWICK State: RI Zip: 02893 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 339 QUAKER LANE City or Town: Zip: 02893 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Country: USA Title Individual Name First, Middle, Last, Suffix Address Address, City or Town, State, Zip Code, Country	REAL ESTATE HOLD	NG					
City or Town:WEST WARWICKState: RIZip: 02893Country: USA6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:Contact Name:Contact Title:No. and Street:339 QUAKER LANECity or Town:WEST WARWICKState: RIZip: 028937. Name and Address of Each Manager of the Limited Liability Company, if Applicable.DO NOT LIST MEMBERSIndividual NameAddress	City or Town: WEST WARWICK State: RI Zip: 02893 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 339 QUAKER LANE City or Town: WEST WARWICK State: RI Zip: 02893 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Address Title Individual Name Address First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	5. Principal Office Addre	SS					
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DO NOT LIST MEMBERS Title Individual Name Address	DO NOT LIST MEMBERS Individual Name Address Title Individual Name Address First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country			<u>Zip:</u> <u>02893</u>	Country: USA			
	First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country		-	ility Company, if Ap	oplicable.			
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country		Title						
	8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER		First, Middle, Last, Suffix	Address, City or Town	, State, Zip Code, Country			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

STEVEN MEDEIROS 339 QUAKER LANE WEST WARWICK , RI 02893

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

Signed this 23 Day of September, 2020 at 12:19:33 PM by the authorized person. This

electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By STEVEN MEDEIROS

Signature of Authorized Person

Form No. 632 Revised 09/07

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