



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

2005

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 112285		2. Exact name of the limited liability company MPDP REALTY, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island MANAGE REAL ESTATE			
5. Principal office address 2279 Plainfield Pike		City Johnston	State RI	Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Doreen Pezza		Contact Title Member			
Street Address 2279 Plainfield Pike		City Johnston	State RI	Zip 02919	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12(a)(2) / 7-16-52					
1. Manager Name n/a		Manager Name n/a			
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 EVERETT A. PETRONIO, ESQ.		Address			
Address 1239 HARTFORD AVENUE		City JOHNSTON		Zip 02919-	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 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 herein are true and correct.

File Date 10/14/05 112285\*

Check No. 155621

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

[Signature] 10-4-05  
 Signature of Authorized Person Date

Doreen Pezza, Member  
 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 02903-1355
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)

Form with fields for ID No (112285), Exact name (MPDP REALTY, LLC), State of Formation (RHODE ISLAND), Business description (MANAGE REAL ESTATE), Principal office address (2279 Plainfield Pike, Johnston, RI, 02919), Mailing address, Contact Name (Doreen Pezza, Member), Manager information, Resident Agent (EVERETT A. PETRONIO, ESQ), and Agent address (1239 HARTFORD AVENUE, JOHNSTON, 02919).

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



\* 1 1 2 2 8 5 \*

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.

File Date: 10/21/04
Check No: 154387
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person: [Signature]
Date: 10-13-04
Doreen Pezza, Member
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)

Form with fields for ID No (112285), Exact name of the limited liability company (MPDP REALTY, LLC), State of Formation (RHODE ISLAND), Brief description of the character of the business (MANAGE REAL ESTATE), Principal office address (2279 Plainfield Pike), Mailing address and contact person (Doreen Pezza, Member), Name and address of each manager (n/a), and Resident Agent (EVERETT A. PETRONIO, ESQ.).

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



\* 1 1 2 2 8 5 \*

File Date: 10/2/03
Check No: 163
By: [Signature]
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: [Signature]
Date: 9-23-03
Print or Type Name of Authorized Person: Doreen Pezza



**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. <b>112285</b>		2. Exact name of the limited liability company <b>MPDP REALTY, LLC</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>MANAGE REAL ESTATE</b>	
5. Principal office address <b>2279 Plainfield Pike</b>		City <b>Johnston</b>	State <b>RI</b>
		Zip <b>02919</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Doreen Pezza</b>		Contact Title <b>Member</b>	
Street Address <b>2279 Plainfield Pike</b>		City <b>Johnston</b>	State <b>RI</b>
		Zip <b>02919</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52			
Manager Name <b>n/a</b>		Manager Name	
Street Address		Street Address	
City	State	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	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 <b>EVERETT A. PETRONIO, ESQ.</b>		Address	
Address <b>1239 HARTFORD AVENUE</b>		City <b>JOHNSTON</b>	Zip <b>02919-</b>

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



\* 1 1 2 2 8 5 \*

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.

File Date 9-24-02  
Check No 145  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

[Signature] Sept 20 02  
Signature of Authorized Person Date  
**Doreen Pezza, Member**  
Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between  
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Corporations Division  
100 North Main Street Providence, Rhode Island 02903-1335  
Telephone (401) 222-3040

**LIMITED LIABILITY COMPANY**

ID Number DLLC 112285

Annual Report for the year 2001

1. The name of the limited liability company is:

MPDP REALTY, LLC

2. The address of the principal office of the limited liability company is:

2279 Plainfield Pike, Johnston, RI 02919

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: EVERETT A. PETRONIO, ESQ.

1239 HARTFORD AVENUE JOHNSTON RI 02919-

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 2279 Plainfield Pike, Johnston, RI 02919

Doreen Pezza

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Manage real estate.

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

*Name*

*Address*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_

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.



1 1 2 2 8 5

MPDP REALTY, LLC

*Exact Name of Limited Liability Company*

By

Everett A. Petrono, Esq. Attorney  
*Title*

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>9-20-01</u>
Check No.:	<u>119</u>
By:	<u></u>

Form No. 632  
Revised 01/99

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be