



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

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 to file its annual report within thirty (30) 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: 2021

1. ID No. 001699810

2. Exact Name of the Limited Liability Company MSS Eleven 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

THE PURPOSE OF THE BUSINESS OF THE LLC IS TO ACQUIRE BY PURCHASE, LEASE OR OTHERWISE AND TO IMPROVE, MANAGE AND DEVELOP REAL PROPERTY; TO BUY, SELL, MORTGAGE, LEASE, LET, HOLD FOR INVESTMENT OR OTHERWISE, USE, AND OPERATE REAL ESTATE OF ALL KINDS, IMPROVED OR UNIMPROVED, AND ANY RIGHT OR INTEREST THEREIN; AND TO ENGAGE IN ANY OTHER ACTIVITY IN WHICH A LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF RHODE ISLAND MAY LAWFULLY ENGAGE.

5. Principal Office Address

No. and Street: 1446 WAMPANOAG TRAIL
City or Town: RIVERSIDE

State: RI Zip: 02915 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:
No. and Street: 1446 WAMPANOAG TRAIL

City or Town: RIVERSIDE

State: RI

Zip: 02915

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	MUNAL SALEM	388 GROVE STREET STE 288 BRAintree, MA 02184 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

THOMAS J. MOYLAN 55 PINE STREET PROVIDENCE , RI 02903

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

Signed this 26 Day of January, 2021 at 2:17:02 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 MUNAL SALEM
Signature of Authorized Person

Form No. 632
Revised 09/07

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