



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year: 2021**  
**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.

**FILED**  
 SEP 29 2021  
 BY 1060

1. Entity ID Number <b>1674810</b>		2. Exact name of the Limited Liability Company <b>MCS Franchisee, LLC</b>			
3. NAICS Code 621399		4. Brief description of the character of business conducted in Rhode Island <b>TO ENGAGE IN ANY LAWFUL BUSINESS</b>			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 1275 WAMPANOAG TRAIL		City EAST PROVIDENCE	State RI	Zip 02915	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>MICHAEL C. SOUZA, D.O.</b>			Contact Title <b>MEMBER</b>		
Street Address <b>1275 WAMPANOAG TRAIL</b>		City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02915</b>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name		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
Check the box to indicate an attachment <input type="checkbox"/>					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person <b>MICHAEL C. SOUZA, D.O.</b>				Date <b>9/27/2021</b>	
Signature of Authorized Person 					

**MAIL TO:**  
 Division of Business Services  
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 Website: www.sos.ri.gov