



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.

OCT 29 2021 *a*
 1194

1. Entity ID Number <u>001659167</u>		2. Exact name of the Limited Liability Company <u>M+R ASSOCIATES LLC</u>	
3. NAICS Code <u>53 1120</u>		4. Brief description of the character of business conducted in Rhode Island <u>RENTAL PROPERTY</u>	
5. State of Formation <u>R.I.</u>			
6. Principal Office Address <u>2229 PLAINFIELD PIKE</u>		City <u>JOHNSTON</u>	State <u>R.I.</u>
Zip <u>02919</u>			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>ELIZABETH J. CECE</u>		Contact Title <u>OWNER / PARTNER</u>	
Street Address <u>41 TRIM TOWN RD</u>		City <u>NO SCITUATE</u>	State <u>R.I.</u>
Zip <u>02857</u>			
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <u>ELIZABETH J. CECE</u>		Manager Name	
Street Address <u>41 TRIM TOWN RD</u>		Street Address	
City <u>NO SCITUATE</u>	State <u>R.I.</u>	Zip <u>02857</u>	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
Check the box to indicate an attachment ☐			
9. The Resident Agent Information currently of record with the RI Department of State is accurate. 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 <u>ELIZABETH J. CECE</u>		Date <u>10-18-21</u>	
Signature of Authorized Person <u>Elizabeth J. Cece</u>			

MAIL TO:

Division of Business Services
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