

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222 3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014 Filing Period: September 1 - November 1 - This report must be typed or printed legibly. Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact name of t	he limited liability com			
98345	MOP	SIn	vestmer	its, L	LC
3. State of Formation	4. Brief description	of the character of bu	siness conducted in Rhode Isla	and	
R工	Rec	u Es	tatc		
5. Principal office address (0 (0 UDC)	lo St		ComBristol	State	^{Zp} 62809
6. MALING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Ed M	ack St		Contact Title		
Street Address (e la Ti	Delo		on Bristo	State 1	[™] 02809
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>PO. NOT. LIST. MEMBERS</u> ("X" BOX FOR ATTACHMENT)					
Manager, Name Mar	KSr		Manager Name		
Street 3089 Ho	De		Street Address		
Bristol	State	^{Zip} 0Z809	City	State	ZIp
Manager Name		Manager Name			
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filling Form 642.					

	Under penalty of perjury, I declare and affirm that I have examined
File Cate	this report, including any accompanying schedules and statements
Check No	and that all statements contained herein are true and correct.
By:	Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY	EU Mack. Sr
	Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012

FILED

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