



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 2012

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. <i>000 553324</i>		2. Exact name of the limited liability company Millbrook Homes & Gardens, LLC			
3. State of Formation MA		4. Brief description of the character of business conducted in Rhode Island Building, construction, buying, selling and investing in real estate			
5. Principal office address 36 Vermont Avenue, Unit# 4		City Warwick	State RI	Zip 02888	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Cary J. Orlandi		Contact Title Manager			
Street Address 2255 Providence Highway		City Walpole	State MA	Zip 02081	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Cary J. Orlandi		Manager Name			
Street Address 2255 Providence Highway		Street Address			
City Walpole	State MA	Zip 02081	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 filing Form 642.					

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 SECRETARY OF STATE
 CORPORATIONS DIV

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File Date _____
 Check No _____
 By: _____

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.

Cary J. Orlandi
 Signature of Authorized Person
 Date *11/29/12*
Cary J. Orlandi
 Print or Type Name of Authorized Person

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