



**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 **2015**

**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. Entry ID No. <b>744961</b>		2. Exact name of the limited liability company <b>MDM DEVELOPMENT, LLC</b>			
3. State of Formation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>PURCHASE, OWN, LEASE, DEVELOP, OPERATE, MANAGE AND SELL REAL PROPERTY</b>			
5. Principal office address <b>50 ORCHARD VALLEY DRIVE</b>		City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>VIRGINIA S. OLIVELLI</b>			Contact Title <b>MEMBER</b>		
Street Address <b>50 ORCHARD VALLEY DRIVE</b>		City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>	
7. LIST <b>ALL</b> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>N/A</b>		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
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.					

**FILED**

OCT 09 2015

By 194

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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.

VSOL 10/6/2015  
 Signature of Authorized Person Date

**VIRGINIA S. OLIVELLI**

Print or Type Name of Authorized Person