



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

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>823575</b>		2. Exact name of the Corporation <b>Millbrook Modular Homes, Inc.</b>						
3. Principal office address <b>2255 Providence Highway</b>		City <b>Walpole</b>	State <b>MA</b>	Zip <b>02081</b>				
4. Business Phone No. <b>508-734-5884</b>		5. State of Incorporation <b>Massachusetts</b>						
6. Brief description of the character of business conducted in Rhode Island <b>Modular Home Construction</b>								
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
President Name <b>Cary J. Orlandi</b>			Vice-President Name					
Street Address <b>20 Young Road</b>			Street Address					
City <b>Foxboro</b>	State <b>MA</b>	Zip <b>02035</b>	City	State	Zip			
Secretary Name <b>Karen Orlandi</b>			Treasurer Name <b>Cary J. Orlandi</b>					
Street Address <b>20 Young Road</b>			Street Address <b>20 Young Road</b>					
City <b>Foxboro</b>	State <b>MA</b>	Zip <b>02035</b>	City <b>Foxboro</b>	State <b>MA</b>	Zip <b>02035</b>			
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
Director Name <b>Karen Orlandi</b>			Director Name <b>Cary J. Orlandi</b>					
Street Address <b>20 Young Road</b>			Street Address <b>20 Young Road</b>					
City <b>Foxboro</b>	State <b>MA</b>	Zip <b>02035</b>	City <b>Foxboro</b>	State <b>MA</b>	Zip <b>02035</b>			
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
9. SHARES AUTHORIZED								
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.								
						NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
						10000	CNP	No Par Value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

FILED

MAR 10 2016

Form No. 630  
Revised: 01/2012

BY 1198 DS

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.

Signature of Authorized Representative

Date

**Cary J. Orlandi**

Print or Type Name of Authorized Representative