



State of Rhode Island
and Providence Plantations
Department of State – Business Services Division

148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2016

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

**In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.*

1. ID No. 148773	2. Exact name of the limited liability company MiDe Realty, LLC			3. NAICS Code 53	
4. Brief description of the character of the business which is actually conducted in Rhode Island Real estate investment				5. State of Formation Rhode Island	
6. Principal office address 1428 Kingstown Road			City South Kingstown	State RI	Zip 02879
7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Dennis M. Moffitt, Jr.			Contact Title Manager		
Street Address 1428 Kingstown Road			City South Kingstown	State RI	Zip 02879
8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Dennis M. Moffitt, Jr.			Manager Name		
Street Address 1428 Kingstown Road			Street Address		
City South Kingstown	State RI	Zip 02879	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 – R.I.G.L. 7-16-11 Orson and Brusini Ltd.					

FILED *52*

OCT 19 2016

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

BY *0412*

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.

D. M. Moffitt, Jr.
Signature of Authorized Person

10/12/16
Date

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

Dennis M. Moffitt, Jr., Manager

Print or Type Name of Authorized Person