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2017 JAN -4 AM 11: 19

Annual Report for the year:	2016
Limited Liability Company	

→ Filing period: September 1 - November 1
 → Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

	lo e i	*** ** ** ***				
1. Entity ID Number	2. Exact name of the Limited Liability Company					
163048	MAL MANAGEMENT GROUP, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
31-33 - Manufacturing	OEM CUSTOM DISTRIBUTOR					
5. State of Formation	1					
RHODE ISLAND						
6. Principal Office Address			City	State	Zip	
10 ROGLER FARM ROAD			SMITHFIELD	RI	02917	
7. Mailing Address of Limited Lia		and Name or Title		•		
Contact Name MICHELLE LARAMEE		Contact Title MEMBER				
Street Address 10 ROGLER FARM ROAD		City SMITHFIELD	State RI	^{Zip} 02917		
8. List ALL managers (names a	nd addresses) of	the Limited Liabil	lity Company, IF APPLICAB	LE - DO NOT LIST I	MEMBERS	
Manager Name		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	
Check the box to indicate an attachment						
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.						
Under penalty of perjury, I dec statements, and that all staten				g any accompanyin	g schedules and	
Name of Authorized Person Date						
MICHELLE LARAMEE, 12/16/16						
Signature of Authorized Person SIGN DOOMENT HERE						
///// Now /						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED -

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BY Ch 29227

FORM 632 - Revised: 08/2016