



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

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Annual Report for the year: 2014  
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.

1. Entity ID Number <b>133317</b>		2. Exact name of the Limited Liability Company <b>Maplewood Estates, LLC.</b>	
3. NAICS Code <b>531110</b>		4. Brief description of the character of business conducted in Rhode Island <b>Real Estate</b>	
5. State of Formation <b>RI</b>			
6. Principal Office Address <b>270 Putnam Pike.</b>		City <b>Smithfield</b>	State <b>RI</b>
		Zip <b>02917</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>DAVIDA LOFFREDO</b>		Contact Title <b>owner</b>	
Street Address <b>270 Putnam Pike</b>		City <b>Smithfield</b>	State <b>RI</b>
		Zip <b>02917</b>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <b>DAVID A. LOFFREDO</b>		Manager Name	
Street Address <b>270 Putnam Pike</b>		Street Address	
City <b>Smithfield</b>	State <b>RI</b>	City	State
Zip <b>02917</b>		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Check the box to indicate an attachment <input type="checkbox"/>			
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 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.			
Name of Authorized Person <b>DAVID A. LOFFREDO</b>		Date <b>11/9/2017</b>	
Signature of Authorized Person <b>x [Signature]</b>			

**FILED**

NOV 09 2017

BY **3172004**

**A.A. 9:58 AM**

MAIL TO:  
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