

RICOSTVED R.I. DEPH. OF STATE BUS CHOS DIV

2017 NOY -9 AM 9:55

Annual Report for the year: 2007
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.

Entity ID Number 2. Exact name of the Limited Liability Company					
133317	MADRINODA ESTATES, LLC.				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
531110	Do-O Colole				
5. State of Formation	Real ESTATE				
DT					
<u>K-+-</u>	·				
6. Principal Office Address	D	M .	City	State	Zip
all yutil	um 41	ll.	Smuthfield	K-L	02917
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
DAVIOA-LOFFREDO			Contact Title		
Street Address Dudnam Pill			ois muth ticld	State	Zin 22917
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name LOFFREDO			Manager Name		
Street Address Prutnam Pile			Street Address		
Enuty field	State	zip 029r	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 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 Date					
DAVID H. LOTTELDO 11/9/2017					
Signature of Authorized Person					
r COOL					

FILED

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov NOV 0 9 2017

A.A. 9:50A.M.