RI SOS Filing Number: 201753735980 Date: 11/21/2017 4:00:00 PM



Annual Report for the year: 2017
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.

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| Entity ID Number | 2. Exact name of the Limited Liability Company | | | | | | |
|--|---|-------------------|--------------------------------|---------------|--------------|--|--|
| 1981758 | MGC Enterprises, LLC | | | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | | |
| 236118 | GENERAL CONTRACTOR; ENERGY EFFICIENT HOMES | | | | | | |
| 5. State of Formation | BUILDER | | | | | | |
| RI | | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | | |
| 5 TILDEN ST | | | CRAUSTON | RI | 03930 | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | | |
| Contact Name MICHAEL MISTAK | | | Contact Titl | _ | MEMBER | | |
| Street Address 15 JILDEN ST | | | CRANSTON | State T | Zip 02930 | | |
| 8. List ALL managers (names ar | nd addresses) of t | the Limited Liabi | ity Company, IF APPLICABLE - D | O NOT LIST ME | MBERS | | |
| 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 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 | | | |
| MICHAEL K MISTAK | | | | 11/21 | 12017 | | |
| Signature of Authorized Person | | | | | | | |
| | -/6 | ~~// | / | | | | |
| | | | | | | | |

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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