



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV2018 FEB 27 AM 10:56
FOR
STATE

1. Entity ID Number 823575		2. Exact name of the Corporation Millbrook Modular Homes, Inc.			
3. Principal Office Address 2255 Providence Highway			City Walpole	State MA	Zip 02081
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island Modular Home Construction			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Cary J. Orlandi			Vice-President Name		
Street Address 20 Young Road			Street Address		
City Foxboro	State MA	Zip 02035	City	State	Zip
Secretary Name Karen Orlandi			Treasurer Name Cary J. Orlandi		
Street Address 20 Young Road			Street Address 20 Young Road		
City Foxboro	State MA	Zip 02035	City Foxboro	State MA	Zip 02035
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Karen Orlandi			Director Name Cary J. Orlandi		
Street Address 20 Young Road			Street Address 20 Young Road		
City Foxboro	State MA	Zip 02035	City Foxboro	State MA	Zip 02035
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			No Par Value		
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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 Representative Cary J. Orlandi					Date 1/10/19
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					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

FEB 27 2018
BY 325337

FORM 630 - Revised: 10/2017