State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV
2018 FEB 27 AM 10:56
FOR SECRETARY OF STATE

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.

1. Entity ID Number	2. Exact name of the Corporation			
823575	Millbrook Modular Homes, Inc.			
3. Principal Office Address		City	State	Zip
2255 Providence Highway		Walpole	MA	02081
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
236115	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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	10000	CNP	No Par Value
Changes require an additional filing.			

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	Date
Cary J. Orlandi	1/10/18

Signature of Authorized Representative: Cary J. Orlandi

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