

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2019 JUN -4 PH 3: 50

Annual Report for the year: **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.

	T					
1. Entity ID Number 2. Exact name of the Limited Liability Company 1063617 MfM New Generation LLC						
NAICS Code 4. Brief description of the character of business conducted in Rhode Island						
531110						
5. State of Formation						
R.I						
6. Principal Office Address			City	State	Zıp	
90 Bizmark St			providence	RI	02904	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Melyx A. Rodriguez			Contact Title president			
Street Address Same			City	State	Zip	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
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						
Melyn A Rodriquel Signature of Authorized Person Melyn A Rodriquel G-4-19						
Signature of Authorized Person						
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MAIL TO:

Division of Business Services

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

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