



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

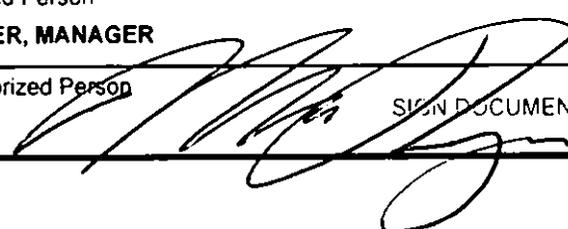
**FILED**

SEP 06 2019

BY 1535 DS

**Annual Report for the year: 2019**  
**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.

1. Entity ID Number <b>509419</b>		2. Exact name of the Limited Liability Company <b>MAXFORD ENTERPRISES, LLC</b>			
3. NAICS Code <b>531110</b>		4. Brief description of the character of business conducted in Rhode Island <b>TO ENGAGE IN BUSINESS ACTIVITIES INCLUDING, BUT NOT LIMITED TO THE AQUISTIC DEVELOPMENT, MANAGEMENT AND/OR REAL ESTATE</b>			
5. State of Formation <b>RHODE ISLAND</b>					
6. Principal Office Address <b>132 OLD RIVER ROAD, SUITE 205</b>		City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>MARK S. KRIEGER</b>			Contact Title <b>MANAGER</b>		
Street Address <b>132 OLD RIVER ROAD, SUITE 205</b>		City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>MARK S. KRIEGER</b>		Manager Name			
Street Address <b>132 OLD RIVER ROAD, SUITE 205</b>		Street Address			
City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person <b>MARK S. KRIEGER, MANAGER</b>				Date <b>8-30-19</b>	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov