



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

**FILED**

SEP 27 2019

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**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<br><b>789114</b>   |       | 2 Exact name of the Limited Liability Company<br><b>MDM Realty, LLC</b>  |                              |                           |                     |
| 3 NAICS Code<br><b>531110</b>   |       | 4 Brief description of the character of business conducted in Rhode Island<br><b>Buying, renovating, leasing, rental, selling and development of real estate</b> |                              |                           |                     |
| 5 State of Formation<br><b>Ri</b>   |       |  |                              |                           |                     |
| 6 Principal Office Address<br><b>199 Rumstick Road</b>  |       |  | City<br><b>Barrington</b>    | State<br><b>RI</b>        | Zip<br><b>02806</b> |
| 7 Mailing Address of Limited Liability Company and Name or Title of Contact Person  |       |  |                              |                           |                     |
| Contact Name <b>Jose Dutra</b>  |       |  | Contact Title <b>Manager</b> |                           |                     |
| Street Address <b>199 Rumstick Road</b>   |       |  | City <b>Barrington</b>       | State <b>RI</b>           | Zip <b>02806</b>    |
| 8 List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS   |       |  |                              |                           |                     |
| Manager No  |       | Manager Name   |                              |                           |                     |
| Street Address  |       | Street Address   |                              |                           |                     |
| City  | State | 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   |       |  |                              |                           |                     |
| <b>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.</b> |       |  |                              |                           |                     |
| Name of Authorized Person<br><b>Andrew Morgado</b>  |       |  |                              | Date<br><b>09/23/2019</b> |                     |
| Signature of Authorized Person<br>  |       |  |                              |                           |                     |

**MAIL TO:**  
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