s s	tate of Rhode Island and Pro Office of the Secreta		S Fee: \$50.00
	Division Of Business 148 W. River S		
Providence RI 02904-2615			
HOPE	(401) 222-304		
Limited Liability Company Annual Report Filing Period: September 1 - November 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2019			
1. ID No. <u>000127899</u>			
2. Exact Name of the Limited Liability Company M.D. MANAGEMENT, LLC			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.			
<u>531390</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
REAL ESTATE MANAGEMENT			
5. Principal Office Address			
No. and Street: <u>190 WOODLAND ROAD</u>			
City or Town: WO	<u>ONSOCKET</u> Stat	te: <u>RI</u> Zip: <u>02895</u>	Country: USA
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact Title:			
No. and Street: <u>190 WOODLAND ROAD</u>			
City or Town: <u>WOC</u>	<u>DNSOCKET</u> State	e: <u>RI</u> Zip: <u>02895</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Addre	SS
	First, Middle, Last, Suffix	Address, City or Town, Sta	
MANAGER	DENNIS J AUMENTADO	190 WOODLAND ROAD WOONSOCKET, RI 02895 USA	

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

LLOYD R. GARIEPY 191 SOCIAL STREET, SUITE 280 WOONSOCKET, RI 02895

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 10 Day of October, 2019 at 2:12:14 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By LLOYD R. GARIEPY

Signature of Authorized Person

Form No. 632 Revised 09/07

 \circledast 2007 - 2019 State of Rhode Island and Providence Plantations All Rights Reserved