



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

Annual Report for the year: **2020**  
Corporation

- Filing period: January 1 - March 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

**FILED**

MAR 05 2020

2275

1. Entity ID Number <b>200076362</b>		2. Exact name of the Corporation <b>MLF CORPORATION</b>			
3. Principal Office Address <b>1 THURBER BLVD STE D</b>			City <b>SMITHFIELD</b>	State <b>RI</b>	Zip <b>02917</b>
4. NAICS Code <b>531110</b>	6. Brief description of the character of business conducted in Rhode Island <b>HOLDING AND INVESTMENT</b>				
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>MARY LOU FERRI</b>			Vice-President Name		
Street Address <b>35 ST JAMES PLACE</b>			Street Address		
City <b>NO SCITUATE</b>	State <b>RI</b>	Zip <b>02857</b>	City	State	Zip
Secretary Name <b>MARY LOU FERRI</b>			Treasurer Name <b>MARY LOU FERRI</b>		
Street Address <b>35 ST JAMES PLACE</b>			Street Address <b>35 ST JAMES PLACE</b>		
City <b>NO SCITUATE</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>NO SCITUATE</b>	State <b>RI</b>	Zip <b>02857</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name <b>MARY LOU FERRI</b>		
Street Address			Street Address <b>35 ST JAMES PLACE</b>		
City	State	Zip	City <b>NO SCITUATE</b>	State <b>RI</b>	Zip <b>02857</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State.  Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>COMMON</b>	PAR VALUE
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. <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 Representative <b>MARY LOU FERRI</b>				Date <b>3/1/2020</b>	
Signature of Authorized Representative <i>Mary Lou Ferri</i>					

MAIL TO:  
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