	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River St		
	Providence RI 0290	4-2615	
HOPE	(401) 222-304	-0	
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2020</u>		
1. ID No. <u>001337700</u>	<u>5</u>		
2. Exact Name of the Li	mited Liability Company MADA	ET GROUP LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
0	Code that best describes the primary e information on <u>NAICS</u> can be found		by the entity. Download
<u>541820</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Condu	cted in Rhode Island
ENGAGING IN ANY L	AWFUL BUSINESS INCLUDIN	G, BUT NOT LIM	ITED TO, LOBBYING
AND GOVERNMENT	RELATIONS.		
5. Principal Office Addre	SS		
No. and Street: OI	NE PARK ROW		
	<u>H FLOOR</u> <u>ROVIDENCE</u> State: <u>RI</u>	Zip: <u>02903</u>	Country: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact	Person:
	Y PADWA Contact Title: MEMBER		
<u>5T</u> F	<u>I FLOOR</u> OVIDENCE State: RI	Zip: 02903	Country: USA
	Each Manager of the Limited Liab		,
Title	Individual Name	Α	ddress
	First, Middle, Last, Suffix	Address, City or Tow	n, State, Zip Code, Country

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

JOSHUA PADWA ONE PARK ROW, 5TH FLOOR PROVIDENCE, RI 02906

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

Signed this 9 Day of October, 2020 at 3:46:16 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 JEFFREY PADWA

Signature of Authorized Person

Form No. 632 Revised 09/07

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