



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

FILED

OCT 08 2020

Annual Report for the year: 2020

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 149051		2. Exact name of the Limited Liability Company Maplecrest LLC			
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island To hold operate lease buy and sell real estate			
5. State of Formation Rhode Island					
6. Principal Office Address 2 Pine Grove Circle			City Greenville	State RI	Zip 02828
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Melissa Silverman			Contact Title		
Street Address 2 Pine Grove Circle			City Greenville	State RI	Zip 02828
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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.					
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.					
Name of Authorized Person Melissa Silverman				Date 10-1-2020	
Signature of Authorized Person <i>Melissa Silverman</i>					

MAIL TO:

Division of Business Services

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