



State of Rhode Island

## Department of State - Business Services Division

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 <u>000534943</u>		2. Exact name of the Limited Liability Company <u>MGV Enterprises, LLC.</u>	
3. NAICS Code <u>531110</u>		4. Brief description of the character of business conducted in Rhode Island <u>Real Estate</u>	
5. State of Formation <u>Rhode Island</u>			
6. Principal Office Address <u>63 Dellwood Rd.</u>		City <u>Cranston</u>	State <u>RI</u>
		Zip <u>02920</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Michael J. Velleli</u>		Contact Title <u>owner</u>	
Street Address <u>63 Dellwood Rd.</u>		City <u>Cranston</u>	State <u>RI</u>
		Zip <u>02920</u>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <u>Michael J. Velleli</u>		Manager Name <u>Gina M. Velleli</u>	
Street Address <u>63 Dellwood Rd.</u>		Street Address <u>63 Dellwood Rd.</u>	
City <u>Cranston</u>	State <u>RI</u>	City <u>Cranston</u>	State <u>RI</u>
Zip <u>02920</u>		Zip <u>02920</u>	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Check the box to indicate an attachment <input type="checkbox"/>			
9. The Resident Agent information currently of record with the RI Department of State is accurate. 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 <u>Michael J. Velleli</u>		Date <u>10/14/2020</u>	
Signature of Authorized Person <u>Michael J. Velleli</u>			

FILED

OCT 19 2020

BY

A.A.

## MAIL TO:

Division of Business Services

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