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State of Rhode Island Department of S	State - Busine	ess Services	Division		· · ·
THE PERSON NAMED OF THE PE					
Annual Report for the year:					\$ 19 J. V.
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.					 2020
1. Entity ID Number 05534 943	2. Exact name of the Limited Liability Company MGV Enterprises, LLC.				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				D SS
531110 5. State of Formation Rhade Island	Real Estate				DIV DIV
6. Principal Office Address 63 Dell wood Rd.			City Cranston	State RI	Zip 02920
7. Mailing Address of Limited L	- 1	and Name or Title			T**
Contact Name Michael J. Valelli			Contact Title OWHEN		133 7
Street Address 63 Dellwood Rd.			City Cranston	State RT	Zip 02920
8. List ALL managers (names and addresses) of the Limited Liabili Manager Name Michael J. Valelli			Manager Name Gina M. Valelli > Sq.		
Street Address 13 Dell wood Rd.			Street Address 63 De	llwood Rd	O VA
city Cranston	State	Zip 02920	city Cranston	State	Zip 02920 M
Manager Name			Manager Name		
Street Address			Street Address		
City	State ·	Zip	City	State	Zip
			. Ch	eck the box to ind	icate an attachment

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

Signature of Authorized Person

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

OCT 1 9 2020

FORM 632 - Revised: 08/2020