

FILED

0CT 238120201P

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 | 2 Exact nam | 2. Exact name of the Limited Liability Company | | | | |
|--|--|--|--|------------------------|-----------------------|--|
| 001698476 | I | MCG Johnston, LLC | | | | |
| 3 NAICS Code | | Brief description of the character of business conducted in Rhode Island | | | | |
| 531390 | | Sell, manage, invest and lease real estate | | | | |
| 5. State of Formation | ⊣ | | | | | |
| RI | | | | | | |
| 6. Principal Office Address | <u> </u> | | City | State | Zip | |
| 6 William Way | | | Harwinton | CT | 06791 | |
| 7. Mailing Address of Limited L | iability Compan | y and Name or Til | tle of Contact Person | - | | |
| Contact Name Gary W. Eucalitto | | | Contact Title Member | | | |
| Street Address 6 William Way | | | City Harwinton | State CT | ^{Zip} 06791 | |
| 8. List ALL managers (names | and addresses) | of the Limited Lia | bility Company, IF APPLICAL | BLE - DO NOT LIST A | MEMBERS | |
| Manager Name Gary W. Eualitto | | | Manager Name | | | |
| Street Address 6 William Way | | | Street Address | | | |
| City Harwinton | State CT | Zip 06791 | City | State | Zip | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zıp | |
| | _ | | | Check the box to it | ndicate an attachment | |
| 9. The Resident Agent informa | tion currently of | record with the R | Department of State is accu | rrate. Changes require | filing Form 642. | |
| Under penalty of perjury, I de statements, and that all state | eclare and affination affinering and affinering affine aff | m that I have exa led herein are tru | nmined this report, including and correct. | g any accompanyin | g schedules and | |
| Name of Authorized Person Genny W Eescel 9 H | | | | Date | | |
| Guny Wee | ecelal | 外 シ | | 10/1/2020 | | |
| Signature of Authorized Person | ו | <u>•</u> | | | | |
| | | | | | | |

MAIL TO:

Division of Business Services

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

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