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State of Rhode Island

Department of State - Business Services Division

R.I. DEPT. OF STATE **BUS SVCS DIV**

2020 NOV -9 A & 38TAMP

FOR SECRETARY OF STATE USE ONLY

Annual Report for the year: $\frac{2020}{}$ **Limited Liability Company**

→ Filing period: September 1 - November 1

| → Filing Fee: \$50,00 → Penalty: Additional \$2 | 25.00 fee if form i | is not filed by Di | ecember 1 | _ | | |
|--|-----------------------------------|---|--|-----------------------|------------------------|--|
| | | | cocmod 1. | | | |
| Entity ID Number | 2. Exact na | 2. Exact name of the Limited Liability Company | | | | |
| 138464 | Mattdom 1 | Mattdom Realty, LLC | | | | |
| 3. NAICS Code | 4. Brief des | 4. Brief description of the character of business conducted in Rhode Island | | | | |
| 531190 | Real estate | Real estate development. | | | | |
| 5. State of Formation | | | | | | |
| RHODE ISLAND | | | | | | |
| 6. Principal Office Address | | | City | State | Zıp | |
| 296 George Washington Highway | | | Smithfield | RI | 02917 | |
| 7. Mailing Address of Limite | ed Liability Compa | any and Name or | Title of Contact Person | <u></u> | <u> </u> | |
| Contact Name Richard J. Conti | | | Contact Title | | | |
| Street Address 296 George Washington Highway | | | City Smithfield | State RI | Zip ₀₂₉₁₇ | |
| | nes and addresse | s) of the Limited | Liability Company, IF APPLICA | BLE - DO NOT LIST | MEMBERS | |
| Manager Name None | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zıp | City | State | Zıp | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zıp | City | State | Zıp | |
| | | 1 | | Check the box to | indicate an attachment | |
| 9. The Resident Agent info | rmation currently | of record with the | e RI Department of State is acc | urate. Changes requir | e filing Form 642. | |
| Under penalty of perjury, statements, and that all s | I declare and affitatements conta | firm that I have ined herein are | examined this report, includi true and correct. | ng any accompanyin | g schedules and | |
| Name of Authorized Persor | า | | | Date | | |
| Richard J. Conti | | • | | 11-4 | -2020 | |
| Signature of Authorized Pe | rson | | - | ·· - 1 | | |
| 10 | | | | | · | |

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**

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