



State of Rhode Island
Department of State - Business Services Division

FILED

NOV 19 2020

BY _____

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 897074		2. Exact name of the Limited Liability Company LgMaloney LLC			
3 NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island Investment and real estate holdings			
5 State of Formation RI					
6. Principal Office Address 70 Fowler Street		City North Kingstown	State RI	Zip 02852	
7 Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Lorraine G. Maloney			Contact Title Owner		
Street Address 1122 Algare Loop		City Windermere	State FL	Zip 34786	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Lorraine G. Maloney			Manager Name William A. Maloney		
Street Address 1122 Algare Loop			Street Address 1122 Algare Loop		
City Windermere	State FL	Zip 34786	City Windermere	State FL	Zip 34786
Manager Name Kathryn Jean Maloney			Manager Name William Christopher Maloney		
Street Address 1122 Algare Loop			Street Address 1122 Algare Loop		
City Windermere	State FL	Zip 34786	City Windermere	State FL	Zip 34786
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 Lorraine G. Maloney				Date 11-14-20	
Signature of Authorized Person 					

MAIL TO:
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