



State of Rhode Island

## Department of State - Business Services Division

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 R.I. DEPT. OF STATE  
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 Annual Report for the year: 2020  
 Limited Liability Company

2020 NOV 30 PM 1:08

- 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<br><b>165258</b>                                                                                                                                                                        |       | 2. Exact name of the Limited Liability Company<br><b>Meadowlands Investments, LLC.</b>                    |                                |                           |                     |
| 3. NAICS Code<br><b>531390</b>                                                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real Estate Holding</b> |                                |                           |                     |
| 5. State of Formation<br><b>R.I.</b>                                                                                                                                                                        |       |                                                                                                           |                                |                           |                     |
| 6. Principal Office Address<br><b>1287 Central Avenue</b>                                                                                                                                                   |       |                                                                                                           | City<br><b>JOHNSTON</b>        | State<br><b>R.I.</b>      | Zip<br><b>02919</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                           |                                |                           |                     |
| Contact Name<br><b>William J. Baldurini</b>                                                                                                                                                                 |       |                                                                                                           | Contact Title<br><b>member</b> |                           |                     |
| Street Address<br><b>1287 Central Avenue</b>                                                                                                                                                                |       |                                                                                                           | City<br><b>JOHNSTON</b>        | State<br><b>R.I.</b>      | Zip<br><b>02919</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |       |                                                                                                           |                                |                           |                     |
| Manager Name                                                                                                                                                                                                |       |                                                                                                           | Manager Name                   |                           |                     |
| Street Address                                                                                                                                                                                              |       |                                                                                                           | Street Address                 |                           |                     |
| City                                                                                                                                                                                                        | State | Zip                                                                                                       | City                           | State                     | Zip                 |
| Manager Name                                                                                                                                                                                                |       |                                                                                                           | Manager Name                   |                           |                     |
| Street Address                                                                                                                                                                                              |       |                                                                                                           | Street Address                 |                           |                     |
| City                                                                                                                                                                                                        | State | Zip                                                                                                       | City                           | State                     | 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.                                                                         |       |                                                                                                           |                                |                           |                     |
| <b>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.</b> |       |                                                                                                           |                                |                           |                     |
| Name of Authorized Person<br><b>William J. Baldurini</b>                                                                                                                                                    |       |                                                                                                           |                                | Date<br><b>11/30/2020</b> |                     |
| Signature of Authorized Person<br><b>William J. Baldurini</b>                                                                                                                                               |       |                                                                                                           |                                |                           |                     |

## MAIL TO:

Division of Business Services

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