



**State of Rhode Island
Office of the Secretary of State**

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Domestic Limited Liability Company
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2020

1. ID No. 000796078

2. Exact Name of the Limited Liability Company PRESERVE MANAGEMENT, LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

721199

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

ALL OTHER TRAVEL AND ACCOMODATION

5. Principal Office Address

No. and Street: 87A KINGSTOWN ROAD

City or Town: WYOMING

State: RI

Zip: 02898

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: PAUL P. MIHAILIDES Contact Title:

No. and Street: 87A KINGSTOWN ROAD

City or Town: WYOMING

State: RI

Zip: 02898

Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.

DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	M.T.M. DEVELOPMENT CORPORATION	87A KINGSTOWN ROAD WYOMING, RI 02898 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

AMERICO M. SCUNGIO, ESQ. 167 MAIN STREET WESTERLY , RI 02891

Signed this 11 Day of February, 2021 at 1:50:40 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By PAUL P. MIHAILIDES
Signature of Authorized Person

Form No. 632
Revised 09/07

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State of Rhode Island

Department of State | Office of the Secretary of State

Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

February 11, 2021 01:50 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

