



State of Rhode Island
Department of State - Business Services Division

FILED

STAMP

OCT 18 2021

BY *[Signature]*

FOR SECRETARY OF STATE USE ONLY

Annual Report for the year: 2021
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 1667588		2. Exact name of the Limited Liability Company Clover Leaf RET LLC			
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island Real Estate Development			
5. State of Formation RI					
6. Principal Office Address 484 Angell Road		City Lincoln	State RI	Zip 02865	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name David Loffredo			Contact Title Member		
Street Address 484 Angell Road		City Lincoln	State RI	Zip 02865	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name David Loffredo			Manager Name		
Street Address 484 Angell Road			Street Address		
City Lincoln	State RI	Zip 02865	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 checked="" type="checkbox"/>					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person Dauid Loffredo <i>[Signature]</i>				Date 10/8/2021	
Signature of Authorized Person					

MAIL TO:
Division of Business Services
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