



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 <b>1667588</b>		2. Exact name of the Limited Liability Company <b>Clover Leaf RET LLC</b>			
3. NAICS Code <b>531110</b>		4. Brief description of the character of business conducted in Rhode Island <b>Real Estate Development</b>			
5. State of Formation <b>RI</b>					
6. Principal Office Address <b>484 Angell Road</b>		City <b>Lincoln</b>		State <b>RI</b>	Zip <b>02865</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>David Loffredo</b>			Contact Title <b>Member</b>		
Street Address <b>484 Angell Road</b>			City <b>Lincoln</b>		State <b>RI</b> Zip <b>02865</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>David Loffredo</b>			Manager Name		
Street Address <b>484 Angell Road</b>			Street Address		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	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 <b>Daid Loffredo</b> <i>[Signature]</i>				Date <b>10/8/2021</b>	
Signature of Authorized Person					

**MAIL TO:**

Division of Business Services  
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