



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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RI DEPT. OF STATE  
BUS SVCS. DIV.  
PROVIDENCE, RI

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

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BY

*1250* *DS*

1. Entity ID Number <b>000101408</b>		2. Exact name of the Limited Liability Company <b>MGG REAL ESTATE COMPANY, LLC</b>			
3. NAICS Code <b>531120</b>		4. Brief description of the character of business conducted in Rhode Island <b>REAL ESTATE</b>			
5. State of Formation <b>RHODE ISLAND</b>					
6. Principal Office Address <b>606 RESERVOIR AVENUE</b>		City <b>CRANSTON</b>		State <b>RI</b>	Zip <b>02910</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>MICHAEL GIOURAS</b>		Contact Title <b>MEMBER</b>			
Street Address <b>606 RESERVOIR AVENUE</b>		City <b>CRANSTON</b>		State <b>RI</b>	Zip <b>02910</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. Resident Agent in Rhode Island. This information is currently of record with the Department of State. 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 <b>MICHAEL GIOURAS, MEMBER</b>				Date <b>10/14/21</b>	
Signature of Authorized Person <i>[Signature]</i> SIGN DOCUMENT HERE					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov