

Annual Report for the year: 2023 **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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| 1. Entity ID Number 001746495  | 2. Exact name of the Limited Liability Company MOLTENBREY BUILDERS, LLC     |                             |                      |                      |       |  |  |
|--|---|-----------------------------|----------------------|----------------------|-------|--|--|
| 3. NAICS Code  | 4. Brief description of the character of business conducted in Rhode Island |                             |                      |                      |       |  |  |
| 238990   | Construction, repair, purchase and sale of real estate.                     |                             |                      |                      |       |  |  |
| 5. State of Formation  |   |                             |                      |                      |       |  |  |
| RI   |   |                             |                      |                      |       |  |  |
| 6. Principal Office Address  |   |                             | City                 | State                | Zip   |  |  |
| 165 Roosevelt Avenue   |   |                             | Springfield          | MA                   | 01118 |  |  |
| 7. Malling Address of Limited Liability Company and Name or Title of Contact Person  |   |                             |                      |                      |       |  |  |
| Contact Name John Moltenbrey   |   |                             | Contact Tille Member |                      |       |  |  |
| Street Address 155 Roosevelt Avenue  |   | <sup>Clty</sup> Springfield | State MA             | <sup>Zip</sup> 01118 |       |  |  |
| 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  |   |                             |                      |                      |       |  |  |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 842.  |   |                             |                      |                      |       |  |  |
| 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 / Date   |   |                             |                      |                      |       |  |  |
| John D. M. Itembred  |   |                             |                      | 2-9-23               |       |  |  |
| Signature of Authorized Person SIGN DOCUMENT HERE  |   |                             |                      |                      |       |  |  |
|  |   |                             |                      |                      |       |  |  |

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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