



State of Rhode Island  
**Department of State - Business Services Division**

**FILED STAMP**  
**MAR 27 2023**  
 BY 33156

**Annual Report for the year: 2023**  
**Limited Liability Company**

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

|   |  |                         |                     |
|---|--|-------------------------|---------------------|
| 1. Entity ID Number<br><b>1673537</b>   | 2. Exact name of the Limited Liability Company<br><b>Preserve Range Management, LLC</b>  |                         |                     |
| 3. NAICS Code<br><b>451110</b>  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Sporting Goods and activities management</b> |                         |                     |
| 5. State of Formation<br><b>RI</b>  |  |                         |                     |
| 6. Principal Office Address<br><b>87A Kingstown Road</b>  | City<br><b>Wyoming</b>   | State<br><b>RI</b>      | Zip<br><b>02898</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |                         |                     |
| Contact Name <b>Paul Mihailides</b>   |  | Contact Title           |                     |
| Street Address <b>87A Kingstown Road</b>  | City <b>Wyoming</b>  | State <b>RI</b>         | Zip <b>02898</b>    |
| 8. 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<br><b>Paul P. Mihailides, President of M.T.M. Development Corp., its manager</b>  |  | Date<br><b>✓ 3-7-23</b> |                     |
| Signature of Authorized Person<br>  |  |                         |                     |

**MAIL TO:**  
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