



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number 823575		2. Exact name of the Corporation Millbrook Modular Homes, Inc.		2023 APR 20 P 2:44	
3. Principal Office Address 2255 Providence Highway			City Walpole	State MA	Zip 02081
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island Modular Home Construction			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Cary J. Orlandi			Vice-President Name		
Street Address 20 Young Road			Street Address		
City Foxboro	State MA	Zip 02035	City	State	Zip
Secretary Name Karen Orlandi			Treasurer Name Cary J. Orlandi		
Street Address 20 Young Road			Street Address 20 Young Road		
City Foxboro	State MA	Zip 02035	City Foxboro	State MA	Zip 02035
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Karen Orlandi			Director Name		
Street Address 20 Young Road			Street Address		
City Foxboro	State MA	Zip 02035	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			1000		
			CNP		
			No Par Value		
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
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 Representative Cary J. Orlandi			FILED		Date 3/22/23
Signature of Authorized Representative <i>Cary J. Orlandi</i>			APR 20 2023 BY <i>[Signature]</i> 2:44		