



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 |
| | | | 1000 | | CNP |
| | | | | | PAR VALUE |
| | | | | | 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 | | | | APR 20 2023 BY 2:44 | |

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov