

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

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Annual Report for the year: 2024 **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.

5. State of Formation Rhode Island  6. Principal Office Address 5 Cathedral Square 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name Scott Gaudreau  City Providence RI  O290  Contact Title	1 Entity ID Number	2. Exact name of the Limited Liability Company				
Acquire entity and/or various other interests, conduct all activates reliable to the formation necessary or incidental thereto.  City State Zip Providence RI 0290  The Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name Scott Gaudreau  City Providence RI 0290  Contact Title  City Providence RI 0290  Contact Title  City Providence RI 0290  Contact Title  Street Address 5 Cathedral Square  City Providence RI Zip 0290  State RI Zip 0290  The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 9. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedul statements, and that all statements contained herein are true and correct.	1743744	MG Investor, LLC				
necessary or incidental thereto.  Rhode Island  6. Principal Office Address		Acquire entity and/or various other interests, conduct all activates related,				
5 Cathedral Square  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name Scott Gaudreau  Street Address  5 Cathedral Square  City Providence  8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filling Form  9. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedul statements, and that all statements contained herein are true and correct.						
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name Scott Gaudreau  Street Address 5 Cathedral Square  City Providence  State RI  Zip 029  8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filling Form  9. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedul statements, and that all statements contained herein are true and correct.	6. Principal Office Address	<u>I</u>	City	State	Zip	
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Street Address 5 Cathedral Square  City Providence  8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 9. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedustatements, and that all statements contained herein are true and correct.	7. Mailing Address of Limited L	ability Company and Name or 1	Title of Contact Person		<u> </u>	
5 Cathedral Square Providence RI 029  8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form  9. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedustatements, and that all statements contained herein are true and correct.			Contact Title			
<ol> <li>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedustatements, and that all statements contained herein are true and correct.</li> </ol>	Street Address 5 Cathedral Square		City Providence	State RI	<sup>Zip</sup> 02903	
statements, and that all statements contained herein are true and correct.	8. The Resident Agent information	ion currently of record with the	RI Department of State is accur	ate. Changes require	e filing Form 642.	
Name of Authorized Person Date				ng any accompany	ring schedules and	
	Name of Authorized Person			Date		
SEE ATTACHED SIGNATURE BLOCK 3 1 74	SEE ATTACHED SIGNATURE BLOCK			3/1	124	

**FILED** 

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BY\_113

A.R.

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

## Signature page to 2024 Annual Report for MG Investor, LLC Entity ID# 1743744

MG Investor, LLC

By: Cathedral Development Group, Inc.

Its: Manager

Name: Scott Gaudreau

Title: Vice President/ Treasurer

3/1/24