		of Rhode Isla ne Secretary		Fee: \$50.00
Division Of Business Services				
148 W. River Street				
Providence RI 02904-2615				
1636	(4	01) 222-3040		
Limited Liability (Annual Report Filing Period: Febru				
refusing to file its ar	R.I.G.L. 7-16-66(d), each lin nnual report within thirty (30, 6(b&c)) is subject to a penal) days after the	time prescribed	by
ANNUAL REPORT	YEAR - ENTER THE CURRE	NT YEAR 202	4 : <u>2024</u>	
1. ID No. 00015	52622			
2. Exact Name of the Limited Liability Company MAL L.L.C.				
3. State of Format	ion			
State: <u>RI</u>				
	NA	ICS CODE		
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.				
<u>531110</u>				
4. Brief Description Island	n of the Character of the Bu	usiness Which	is Actually Cond	ducted in Rhode
COMMERCIAL I	BUILDING			
5. Principal Office	Address			
No. and Street:	40 OAKRIDGE DR			
City or Town:	CRANSTON	State: <u>RI</u>	Zip: <u>02921</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name: <u>M</u>	ICHELLE A ANDREWS Cont	tact Title:		
No. and Street:	40 OAKRIDGE DR			
City or Town:	<u>CRANSTON</u>	State: <u>RI</u>	Zip: <u>02921</u>	Country: <u>USA</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11				
MICHELLE A. ANDREWS 40 OAKRIDGE DRIVE CRANSTON , RI 02921				

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 30 Day of April, 2024 at 3:07:33 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By MICHELLE ANDREWS

Signature of Authorized Person

Form No. 632 Revised 09/07

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