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State of Rhode Island Department of State - Business Services Division

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.

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2. Exact name of the Limit	2. Exact name of the Limited Liability Company		
MCG Warren, LL	MCG Warren, LLC		
		in Rhode Island	
	City	State	Zip
Street, Suite 108	Torrington	СТ	06790
d Liability Company and Name o	or Title of Contact Person		
ucalitto	Contact Title Member	Contact Title	
48	City Torrington	State CT	^{Zip} 06790
mation currently of record with the	ne RI Department of State is accu	rate. Changes require	filing Form 642.
y, I declare and affirm that I ha	eve examined this report, include	ding any accompany	ing schedules and
		Date	
		1 (1) 1	(2)(2)U
	MCG Warren, LL 4. Brief description of the General Sell, manage, investigation of the General Sell, manage, in	MCG Warren, LLC 4. Brief description of the character of business conducted Sell, manage, invest and lease real estate City Torrington d Liability Company and Name or Title of Contact Person Contact Title Member City Torrington City Torrington Contact Title Member City Torrington City Torrington	MCG Warren, LLC 4. Brief description of the character of business conducted in Rhode Island Sell, manage, invest and lease real estate City State CT d Liability Company and Name or Title of Contact Person Contact Title Member City Torrington City Torrington Contact Title Member City Torrington Contact Title Member All Department of State is accurate. Changes require the contained herein are true and correct.

MAIL TO:

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