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State of Rhode Island

Department of State - Business Services Division

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

2024 JUN 11 PM 1: 05

Annual Report for the year: 2017 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.

Entity ID Number	2. Exact name of the Limited Liability Company			
764712	MADORE HOLDENGS, LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
531110	REAL ESTATE HOWENES			
5. State of Formation				
RI				
6. Principal Office Address		City	State	Zip
4433 post RONS		EAST GREINWECH	RZ	02818
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
DECANO BROOM	City State Zip EAST GREENWEEK' RZ 02818			
Street Address		City	State	Zip
4433 POST ROAD		EAST GREENWEEK'	RZ	02818
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. 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 Person	<u> </u>	Date	,	
DELAN		5/2	28/24	
Signature of Authorized Person				
<u> </u>				

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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

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