State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2025
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.

1. Entity ID Number 1667588	2. Exact name of the Limited Liability Company Clover Leaf Ret LLC		
3. NAICS Code 531110	4. Brief description of the character of business conducted in Rhode Island Real Estate Development		
5. State of Formation RI			
6. Principal Office Address 484 Angell Road	City Lincoln	State RI	Zip 02865
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name David Loffredo	Contact Title Member		
Street Address 484 Angell Road	City Lincoln	State RI	Zip 02865
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 David Loffredo		Date 03/06/2025	
Signature of Authorized Person			

FILED
MAR 07 2025
BY 4211 AA.

MAIL TO:
Division of Business Services
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