

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

FILED STAMP

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.

APR 16 2025

r				
Entity ID Number	2. Exact name of the Limited Liability Company			
1660546	MCD, LLC			
3 NAICS Code	4 Brief description of the character of business conducted in Rhode Island real estate ownership, construction, development and management and any			
531311 236118				
5 State of Formation	other related business			
Rhode Island				
6. Principal Office Address	_ _	City	State	Zıp
50 Estrell Drive		Riverside	RI	02915
7 Mailing Address of Limited	Liability Company and Name or Tit	le of Contact Person		
Contact Name Carlos Mendes		Contact Title Member		
Streel Address 50 Estrell Drive		City Riverside	State RI	^{Z₁p} 02915
8. The Resident Agent informa	ation currently of record with the RI	Department of State is accu	irate. Changes requir	e filing Form 642
	l declare and affirm that I have e tements contained herein are tru		fing any accompany	ring schedules and
Name of Authorized Person			Date	
Carlos Mendes			1 4-9	'-25
Signature of Authorized Perso	Menles			

MAIL TO:

Division of Business Services

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