

State of Rhode Island Department of State - Business Services Division

FILED

APR 2 5 2025

→ 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	2. Exact name of the Limited Liability Company			
000534943	MGV Enterprises, LLC			
3. NAICS Code 53 11 5. State of Formation	4. Brief description of the character of business conducted in Rhode Island Real EState			
Rhode Island	, , , , , , , , , , , , , , , , , , , ,			
6. Principal Office Address		City	State	Zip
63 Dellwood	Rd.	Cranston	KI	02920
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Gina Valel	lì	Contact Title Owner		
Street Address 63 Dellwood	Rd.	city Cranston	紫土	Zip 02920
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 Name of Authorized Person Name of Authorized Person			Date / 2-1	2025
Signature of Authorized Person Lina M. Valelli				

MAIL TO:

Division of Business Services

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