

**FILED** 

APR 29 2025

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	2. Exact name of the Limited	2. Exact name of the Limited Liability Company			
000910799	6 Arnold Road, LL	6 Arnold Road, LLC			
3. NAICS Code 531390	<u> </u>	4. Brief description of the character of business conducted in Rhode Island  Ownership and management of real estate.			
5. State of Formation RI					
6. Principal Office Address		City	State	Zip	
87 Kingstown Road		Wyoming	RI	02898	
7. Mailing Address of Limite	d Liability Company and Name or	Title of Contact Person			
Contact Name Paul P. Mihailides		Contact Title President			
Street Address 87 Kingstown Road		City Wyoming	State RI	<sup>Zip</sup> 02898	
8. The Resident Agent infor	mation currently of record with the	RI Department of State is accu	rate. Changes require	e filing Form 642.	
	y, I declare and affirm that I have tatements contained herein are	•	ling any accompany	ing schedules and	
Name of Authorized Person			Date	Date	
Paul P. Mihailides, P	resident of M.T.M. Develo	opment Corp., its Manag	jer   U	1/14/25	
Signature of Authorized Per	rson				

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

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