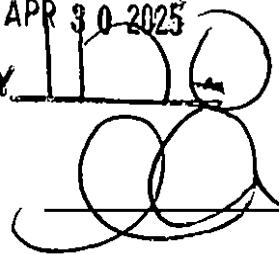


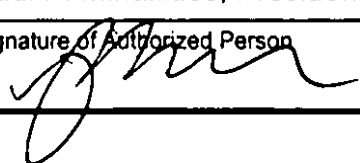


State of Rhode Island  
Department of State - Business Services Division

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.

FILED  
APR 30 2025  
BY 

|                                                                                                                                                                                                                |  |                                                                                                                               |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 1. Entity ID Number<br><b>001690605</b>                                                                                                                                                                        |  | 2. Exact name of the Limited Liability Company<br><b>LAUREL RIDGE, LLC</b>                                                    |                          |
| 3. NAICS Code<br><b>531390</b>                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Ownership and management of Real Estate</b> |                          |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                             |  |                                                                                                                               |                          |
| 6. Principal Office Address<br><b>87 Kingstown Road</b>                                                                                                                                                        |  | City<br><b>Wyoming</b>                                                                                                        | State<br><b>RI</b>       |
|                                                                                                                                                                                                                |  | Zip<br><b>02898</b>                                                                                                           |                          |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                            |  |                                                                                                                               |                          |
| Contact Name<br><b>M.T.M. Development Corporation</b>                                                                                                                                                          |  | Contact Title                                                                                                                 |                          |
| Street Address<br><b>87 Kingstown Road</b>                                                                                                                                                                     |  | City<br><b>Wyoming</b>                                                                                                        | State<br><b>RI</b>       |
|                                                                                                                                                                                                                |  | Zip<br><b>02898</b>                                                                                                           |                          |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                            |  |                                                                                                                               |                          |
| 9. <i>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.</i> |  |                                                                                                                               |                          |
| Name of Authorized Person<br><b>Paul P. Mihailides, President of M.T.M. Development Corp., its Manager</b>                                                                                                     |  |                                                                                                                               | Date<br><b>✓ 4/14/25</b> |
| Signature of Authorized Person<br>                                                                                          |  |                                                                                                                               |                          |

**MAIL TO:**

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
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