



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.

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|                                                                                                                                                                                                         |  |                                                                                                                                     |                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| 1. Entity ID Number<br>1715492                                                                                                                                                                          |  | 2. Exact name of the Limited Liability Company<br>MF SCF REALTY, LLC                                                                |                   |
| 3. NAICS Code<br>531120                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br>REAL ESTATE HOLDINGS - LEASE COMMERCIAL OFFICE SPACE |                   |
| 5. State of Formation<br>RI                                                                                                                                                                             |  |                                                                                                                                     |                   |
| 6. Principal Office Address<br>1054 RESERVOIR AVE                                                                                                                                                       |  | City<br>CRANSTON                                                                                                                    | State<br>RI       |
|                                                                                                                                                                                                         |  | Zip<br>02910                                                                                                                        |                   |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                                                     |                   |
| Contact Name<br>MATTHEW FEARON                                                                                                                                                                          |  | Contact Title<br>PRINCIPAL                                                                                                          |                   |
| Street Address<br>1054 RESERVOIR AVE                                                                                                                                                                    |  | City<br>CRANSTON                                                                                                                    | State<br>RI       |
|                                                                                                                                                                                                         |  | Zip<br>02910                                                                                                                        |                   |
| 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<br>MATTHEW M. FEARON                                                                                                                                                          |  |                                                                                                                                     | Date<br>4-30-2025 |
| Signature of Authorized Person<br>                                                                                                                                                                      |  |                                                                                                                                     |                   |

FILED  
MAY 05 2025  
BY le 6004

MAIL TO:  
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