



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

|  |               |  |   |               |                   |
|--|---------------|--|---|---------------|-------------------|
| 1. Corporate ID No.<br>5540  |               | 2. Name of Corporation<br>MFA REALTY COMPANY |   |               |                   |
| 3. Street Address Principal Business Office<br>89 GLENWOOD DRIVE   |               |  | City<br>WARWICK   | State<br>R.I. | Zip<br>02889-1111 |
| 4. Business Phone No.<br>401-739-6053  |               | 5. State of Incorporation<br>R.I.            |   |               |                   |
| 6. Brief Description of the Character of Business Conducted in Rhode Island  |               |  |   |               |                   |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |               |  |   |               |                   |
| President Name<br>FRANK A. NERI  |               |  | Vice President Name<br>MICHAEL J. NERI                              |               |                   |
| Street Address<br>89 GLENWOOD DRIVE  |               |  | Street Address<br>32 KIRBY AVE.                                     |               |                   |
| City<br>WARWICK  | State<br>R.I. | Zip<br>02889-1111                            | City<br>WARWICK   | State<br>R.I. | Zip<br>02889      |
| Secretary Name<br>FRANK A. NERI  |               |  | Treasurer Name<br>FRANK A. NERI                                     |               |                   |
| Street Address   |               |  | Street Address  |               |                   |
| City   | State         | Zip  | City  | State         | Zip               |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |               |  |   |               |                   |
| Director Name<br>FRANK A. NERI   |               |  | Director Name<br>MICHAEL J. NERI                                    |               |                   |
| Street Address   |               |  | Street Address  |               |                   |
| City   | State         | Zip  | City  | State         | Zip               |
| Director Name  |               |  | Director Name   |               |                   |
| Street Address   |               |  | Street Address  |               |                   |
| City   | State         | Zip  | City  | State         | Zip               |
| 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>   |               |  | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |               |                   |
| AUTHORIZED SHARES  |               |  | ISSUED SHARES — THIS SECTION MUST BE COMPLETED                      |               |                   |
| Number of Shares   | Class/Series  | Par Value                                    | Number of Shares  | Class/Series  | Par Value         |
| 240  | Common        | NO PAR VALUE                                 | 240   | Common        | NO PAR VALUE      |

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date **FILED**  
Check No. FEB 25 2008  
By: 1851  
FOR SECRETARY OF STATE USE ONLY

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.

Signature: Frank A. Neri Date: 2-23-08  
Print or Type Name: FRANK A. NERI  
Title: PRESIDENT