

Matthew A. Brown, Secretary of State Corporations Division 148 W. River St. Providence, RI 02904-2615 401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\*

\* 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. 123993	2. Name of Corporation M.G. ASSOCIA				
3. Street Address Principal Business Office 35 Sugar Maple Drive			City Coventry	State RI	<sup>Zip</sup> 02816
4. Business Phone No. 5. State of Incorporation 827-7050 RHODE ISLAN					
6. Brief Description of the Character of TO ENGAGE IN THE BUSI	of Business Conducted in INESS OF A GENE	Rhode Island RAL CONTRACTO	R AND REAL ESTATE DE	VELOPER.	
7. NAMES AND ADDRESSES	OF THE OFFICERS	: ("X" BOX FOR A		SPACES BEFORE USING	ATTACHMENTS
President Name Marguerite Gasior			Vice President Name Marguirite C. Gasior		
Sireei Address			Street Address		
35 Sugar Maple Drive	State	Zip	35 Sugar Maple D	State	Zip
Coventry	RI	02816	Coventry	Ri	02816
Secretary Name Marguirite C. Gasior			Treasurer Name Marguirite C. Gasior		
Street Address 35 Sugar Maple Drive			Street Address 35 Sugar Maple Drive		
City Coventry	State RI	<sup>Zip</sup> 02816	City Coventry	State RI	<sup>Zip</sup> 02816
8. NAMES AND ADDRESSES	OF THE DIRECTO	RS: ("X" BOX FOR	<del>-</del>	IN SPACES BEFORE USIN	G ATTACHMENTS
Director Name  Marguirite C. Gasior			Director Name		
Street Address			Street Address		
35 Sugar Maple Drive	State	Zip	City	State	Zip
Coventry  Director Name	RI	02816	Director Name	Suite	
Street Address			Street Address		
Сиу	State	Zip	City	State	Zip
9. SHARES AUTHORIZED (*) AUTHORIZED SHARES	 "X" BOX FOR ATTA	 ACHMENT) []	10. SHARES ISSUET	 D ("X" BOX FOR ATTACE	HMENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 \$1.00 PAR VALUE			8,000	Common	\$1.00
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This report must be executed this report must be executed or			iver or trustee.  Under penalty of	perjury, I declare and affirm	that I have examined this report.
File Date FILED			contained herein	are true and correct.	Date
Check No.			Marguirite	C. Gasior	~ ****
By: Dy			Print or Type Name President		
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