



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 2011**

**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. 5197		2. Name of Corporation M & A REALTY, INC.			
3. Street Address Principal Business Office 49 HURDIS STREET			City NORTH PROVIDENCE	State RI	Zip 02904
4. Business Phone No. 401-724-6090		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island REAL ESTATE					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ANTHONY SQUILLACCI, SR.			Vice President Name ANTHONY SQUILLACCI, JR.		
Street Address 53 DOROTHY AVENUE			Street Address 33 WINSOR ROAD		
City PROVIDENCE	State RI	Zip 02904	City FOSTER	State RI	Zip 02825
Secretary Name ANTHONY SQUILLACCI, JR.			Treasurer Name ANTHONY SQUILLACCI, SR.		
Street Address 33 WINSOR ROAD			Street Address 53 DOROTHY AVENUE		
City FOSTER	State RI	Zip 02825	City PROVIDENCE	State RI	Zip 02904
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name ANTHONY SQUILLACCI, SR.			Director Name ANTHONY SQUILLACCI, JR.		
Street Address 53 DOROTHY AVENUE			Street Address 33 WINSOR ROAD		
City PROVIDENCE	State RI	Zip 02904	City FOSTER	State RI	Zip 02825
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 50	Class/Series COMMON	Par Value NO PAR

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	<b>FILED</b>
Check No.	<b>FEB 07 2011</b>
By:	<b>1140</b>
<b>BY SECRETARY OF STATE USE ONLY</b>	

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.

*Anthony Squillacci* 2/2/11  
Signature Date  
ANTHONY SQUILLACCI, SR.  
Print or Type Name  
PRESIDENT  
Title