



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. 6161		2. Name of Corporation MWP, Inc.			
3. Street Address Principal Business Office 50 Kennedy Plaza, Ste. 1500			City Providence	State RI	Zip 02903
4. Business Phone No. 401-274-2000		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Dealing in real property or any interest therein.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Gerard R. Goulet			Vice President Name Charles R. Reppucci		
Street Address 50 Kennedy Plaza, Ste. 1500			Street Address 50 Kennedy Plaza, Ste. 1500		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Todd M. Gleason			Treasurer Name Kevin C. Curvelo		
Street Address 50 Kennedy Plaza, Ste. 1500			Street Address 50 Kennedy Plaza, Ste. 1500		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Gerard R. Goulet			Director Name Todd M. Gleason		
Street Address 50 Kennedy Plaza, Ste. 1500			Street Address 50 Kennedy Plaza, Ste. 1500		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Charles R. Reppucci			Director Name		
Street Address 50 Kennedy Plaza, Ste. 1500			Street Address		
City Providence	State RI	Zip 02903	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
400	Common	No Par Value	1	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.

**FILED**

MAR 21 2011

By: 140488  
DS

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_

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: [Signature] Date: 3/18/11  
Gerard R. Goulet  
Print or Type Name  
President  
Title