

A. Kuipu mouis, secretary of state Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

* 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. 18112	2. Name of Cor M.G. ENTE	2. Name of Corporation M.G. ENTERPRISES, LTD.				
3. Street Address Principal Business Office 460 ATWOOD AVENUE			City CRANSTON	State RHODE ISLAND	Zip 02920	
4. Business Phone No. 5. State of Incorporation 401-946-0510 RHODE ISLAND						
6. Brief Description of the Chair	racter of Business Condu					
AUTOMOTIVE REPAIR						
7. NAMES AND ADDRE President Name	SSES OF THE OFF	ICERS: ("X" BOX FOR ATTA	CHMENT) TILL IN S Vice President Name	SPACES BEFORE USING AT	TACHMENTS	
GENE C. PIERANUNZI			MARK S. PIERANUNZI			
Street Address 460 ATWOOD AVENUE			Street Address 460 ATWOOD AVENUE			
CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	^{Zip} 02920	
Secretary Name MARK S. PIERANUNZI			Treasurer Name GENE C. PIERANUNZI			
Street Address 460 ATWOOD AVENUE			Street Address 460 ATWOOD AVENUE			
CRANSTON	State RI	^{Zip} 02920	CRANSTON	State RI	7.ip 02920	
8. NAMES AND ADDRE Director Name	SSES OF THE DIR	ECTORS: ("X" BOX FOR ATT	ACHMENT) FILL IN Director Name	N SPACES BEFORE USING A	TTACHMENTS	
GENE C. PIERANUNZI			PATRICIA A. PIERANUNZI			
Street Address 460 ATWOOD AVENUE			Street Address 460 ATWOOD AVENUE			
City	State	Zip	City	State	Zip	
CRANSTON	RI	02920	CRANSTON	<u>l</u> RI	02920	
Director Name MARK S. PIERANUN	NZI		Director Name			
Street Address			Street Address			
460 ATWOOD AVEN	UE State	7/6	Cim	State	Zip	
CRANSTON	RI	^{Ζφ} 0292 0	City	State	Z.p	
9. SHARES AUTHORIZE	ED '	•	•	("X" BOX FOR ATTACHM. ECTION MUST BE COMPLETED	eNT) □	
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.			Number of Shares	Class/Series	Par Value	
			1000	COMMON	NO PAR VALUE	
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		he corporation by an authorize		corporation is in the hands of	a receiver or trustee,	
this report must be exec	uted on behalf of the	ne corporation by the receiver	or trustee.			
			Under penalty of i	perjury, I declare and affirm that	I have examined this repo	
FII	LED		including any acc	ompanying schedules and statem		
nct 1	£ 1 201f		contained herein a	are true and correct.		
File Date UL	LI CUII		Signature	Huanisy	Date	
Check No. By	MMC)		MARK S. PI	ERANUNZI		
By:	1588	_ _	Print or Type Nam	e		
FOR SECRETARY	OF STATE USE ONLY		Title			
		· · · · · · · · · · · · · · · · · · ·	· · · · · ·	/	Form 630 Rev. 08/08	