



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 93821		2. Exact name of the Corporation M & R Properties, Inc.			
3. Principal office address 3 DORIS AVENUE		City WARWICK,		State RI	Zip 02889
4. Business Phone No. 401-732-8022		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island TO CONDUCT REALTY BUSINESS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ROBERT E. CORSI			Vice-President Name ROBERT E. CORSI		
Street Address 3 DORIS AVENUE			Street Address 3 DORIS AVENUE		
City WARWICK,	State RI	Zip 02889	City WARWICK,	State RI	Zip 02889
Secretary Name ROBERT E. CORSI			Treasurer Name ROBERT E. CORSI		
Street Address 3 DORIS AVENUE			Street Address 3 DORIS AVENUE		
City WARWICK,	State RI	Zip 02889	City WARWICK,	State RI	Zip 02889
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name ROBERT E. CORSI			Director Name		
Street Address SAME AS ABOVE			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			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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	COMMON	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 _____

FILED

Check No _____

JAN 08 2013

By: _____

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.

Robert E. Corsi 1/3/13
 Signature of Authorized Representative Date

ROBERT E. CORSI

Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY

Form No. 630
 Revised: 01/2012

BY *mne*
CH # 1026