



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 2014

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. 5197		2. Exact name of the Corporation M & A REALTY, INC.			
3. Principal office address 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. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name ANTHONY SQUILLACCI, SR.			Vice-President Name ANTHONY SQUILLACCI, JR.		
Street Address 53 DOROTHY ROAD			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. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
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) ☐		
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
			50	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 _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

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 Sr. / 3/1/14
Signature of Authorized Representative Date

ANTHONY SQUILLACCI, SR., PRESIDENT

Print or Type Name of Authorized Representative

FILED
FEB 10 2014
BY 213219