



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 **2015**

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. 00009627		2. Exact name of the Corporation Melbro Inc								
3. Principal office address 87 Beacon St			City Middletown	State RI	Zip 02842					
4. Business Phone No. 401-847-3377			5. State of Incorporation RI							
6. Brief description of the character of business conducted in Rhode Island Purchase and sale of real estate, operation of mobile home park										
President Name John R Mello			Vice-President Name John R Mello							
Street Address 53 Beacon St			Street Address 53 Beacon St							
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842					
Secretary Name John R Mello			Treasurer Name John R Mello							
Street Address 53 Beacon St			Street Address 53 Beacon St							
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input type="checkbox"/>										
Director Name			Director Name							
Street Address			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		
						1000	common	no par		

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 STATE OF RHODE ISLAND
 DEPARTMENT OF STATE
 CORPORATIONS DIV.
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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

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.

John R Mello 9/28/15
 Signature of Authorized Representative Date
 John R Mello Jr
 Print or Type Name of Authorized Representative

FILED

OCT 01 2015

By 257579
 A.A. 11:23 A.M.