



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** 2016

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.<br><b>85083</b>   |                      | 2. Exact name of the Corporation<br><b>Michaels Management Group (RI.), Inc.</b> |   |                      |                     |
| 3. Principal office address<br><b>228 Belvedere Drive</b>  |                      |  | City<br><b>Cranston</b>   | State<br><b>R.I.</b> | Zip<br><b>02920</b> |
| 4. Business Phone No.<br><b>(401) 944-8788</b>   |                      |  | 5. State of Incorporation<br><b>Rhode Island</b>                    |                      |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>Real Estate Management</b>   |                      |  |   |                      |                     |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>   |                      |  |   |                      |                     |
| President Name<br><b>Richard Michaels</b>  |                      |  | Vice-President Name<br><b>Mrs William Michaels</b>                  |                      |                     |
| Street Address<br><b>2 High Ridge Circle</b>   |                      |  | Street Address<br><b>228 Belvedere Drive</b>                        |                      |                     |
| City<br><b>Franklin</b>  | State<br><b>Ma.</b>  | Zip<br><b>02038</b>  | City<br><b>Cranston</b>   | State<br><b>R.I.</b> | Zip<br><b>02920</b> |
| Secretary Name<br><b>Nancy Michaels</b>  |                      |  | Treasurer Name<br><b>Richard Michaels</b>                           |                      |                     |
| Street Address<br><b>228 Belvedere Drive</b>   |                      |  | Street Address<br><b>2 High Ridge Circle</b>                        |                      |                     |
| City<br><b>Cranston</b>  | State<br><b>R.I.</b> | Zip<br><b>02920</b>  | City<br><b>Franklin</b>   | State<br><b>Ma.</b>  | Zip<br><b>02038</b> |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |                      |  |   |                      |                     |
| Director Name<br><b>Richard Michaels</b>   |                      |  | Director Name<br><b>Mrs William Michaels</b>                        |                      |                     |
| Street Address<br><b>2 High Ridge Circle</b>   |                      |  | Street Address<br><b>228 Belvedere</b>                              |                      |                     |
| City<br><b>Franklin</b>  | State<br><b>Ma.</b>  | Zip<br><b>02038</b>  | City<br><b>Cranston</b>   | State<br><b>R.I.</b> | Zip<br><b>02920</b> |
| 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           |
|  |                      |  | <b>300</b>  | <b>Common</b>        | <b>No.</b>          |

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.

**Nancy Michaels** 03-01-16  
 Signature of Authorized Representative Date

**Nancy Michaels**  
 Print or Type Name of Authorized Representative

**FILED**

**MAR 01 2016**

By **269010**

**A.A.**