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.	2. Exact name of the Corporation		
13012	MUBA REALTY, INC.		
3. Principal office address: 1212 PARK AVE.,	City: CRANSTON	State: R.I.	Zip: 02910
4. Business Phone No.: 401-942-8431	5. State of Incorporation: R.I.		
6. Brief description of the character of business conducted in Rhode Island: RENTING PROPERTY			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: DEBORAH R. ASSANTE			Vice-President Name:		
Street Address: 9 LEGION MEMORIAL DR.			Street Address:		
City: PROVIDENCE	State: R.I.	Zip: 02910	City:	State:	Zip:
Secretary Name: VERA M. IACAMPO			Treasurer Name:		
Street Address: TARTAGLIA ST.			Street Address:		
City: JOHNSTON	State: R.I.	Zip: 02919	City:	State:	Zip:

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: DEBORAH R. ASSANTE			Director Name:		
Street Address: 9 LEGION MEMORIAL DR.			Street Address:		
City: PROVIDENCE	State: R.I.	Zip: 02909	City:	State:	Zip:
Director Name: VERA M. IACAMPO			Director Name:		
Street Address: TARTAGLIA			Street Address:		
City: JOHNSTON	State: R.I.	Zip: 02919	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. 4000-	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	3390	COMM.	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

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.

Deborah R. Assante 1-24-2016
Signature of Authorized Representative — Date

DEBORAH R ASSANTE 1-24-2016
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

FILED
JUL 18 2016
BY 6053

139930-11-1141410