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# 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.

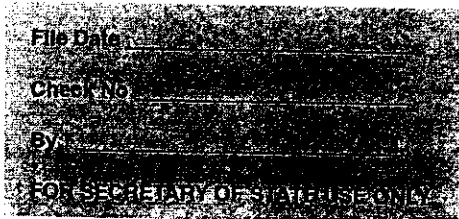
|                                                                                                                                                               |                      |                                                                              |                      |                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------------------------------------------|----------------------|---------------------|
| 1. Entity ID No.<br><b>13012</b>                                                                                                                              |                      | 2. Exact name of the Corporation<br><b>MUBA REALTY, INC.</b>                 |                      |                     |
| 3. Principal office address<br><b>1212 PARK AVE.,</b>                                                                                                         |                      | City<br><b>CRANSTON</b>                                                      | State<br><b>R.I.</b> | Zip<br><b>02910</b> |
| 4. Business Phone No.<br><b>401-942-8431</b>                                                                                                                  |                      | 5. State of Incorporation<br><b>R.I.</b>                                     |                      |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>RENTING PROPERTY</b>                                                        |                      |                                                                              |                      |                     |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>                                                         |                      |                                                                              |                      |                     |
| President Name<br><b>DEBORAH R. ASSANTE</b>                                                                                                                   |                      | Vice-President Name                                                          |                      |                     |
| Street Address<br><b>9 LEGION MEMORIAL DR.</b>                                                                                                                |                      | Street Address                                                               |                      |                     |
| City<br><b>PROVIDENCE</b>                                                                                                                                     | State<br><b>R.I.</b> | Zip<br><b>02910</b>                                                          | City                 | State               |
| Secretary Name<br><b>VERA M. IACAMPO</b>                                                                                                                      |                      | Treasurer Name                                                               |                      |                     |
| Street Address<br><b>TARTAGLIA ST.</b>                                                                                                                        |                      | Street Address                                                               |                      |                     |
| City<br><b>JOHNSTON</b>                                                                                                                                       | State<br><b>R.I.</b> | Zip<br><b>02919</b>                                                          | City                 | State               |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>                                                        |                      |                                                                              |                      |                     |
| Director Name<br><b>DEBORAH R. ASSANTE</b>                                                                                                                    |                      | Director Name                                                                |                      |                     |
| Street Address<br><b>9 LEGION MEMORIAL DR.</b>                                                                                                                |                      | Street Address                                                               |                      |                     |
| City<br><b>PROVIDENCE</b>                                                                                                                                     | State<br><b>R.I.</b> | Zip<br><b>02909</b>                                                          | City                 | State               |
| Director Name<br><b>VERA M. IACAMPO</b>                                                                                                                       |                      | Director Name                                                                |                      |                     |
| Street Address<br><b>TARTAGLIA</b>                                                                                                                            |                      | Street Address                                                               |                      |                     |
| City<br><b>JOHNSTON</b>                                                                                                                                       | State<br><b>R.I.</b> | Zip<br><b>02919</b>                                                          | City                 | State               |
| 9. SHARES AUTHORIZED<br><b>4000-</b>                                                                                                                          |                      | 10. SHARES ISSUED (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/> |                      |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.<br>See Section 9 of Instruction sheet. |                      | NUMBER OF SHARES                                                             | CLASS/SERIES         | PAR VALUE           |
|                                                                                                                                                               |                      | <b>3390</b>                                                                  | <b>COMM.</b>         | <b>NO PAR</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.

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