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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.

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1. Entity ID No.	2. Exact name of	of the Corporation		.SOCT IN A \$25.00 PE	NALIT PEE.
13012	MUB	SA REA	LTY, INC.		
3. Principal office address			1		I
1212 PARK	AVE.		City CRANST	-ON State	I. 2ip 02910
4. Business Phone No.			F 01-1- 44		1 00/10
401-942-	8431		RI	2000	
401-942 - 6. Brief description of the chara	acter of business cor	ducted in Rhode Islan	nd		
RENTING	PROPERT	'			
<mark>7.44St ∕AL €0 PP/⊅⊟rIST(NA)</mark> President Name			Vertige (15 mg		
DEBORAL			Vice-President Nam	e	
Street Address 9 LEGION	MEMOR	IAL DR.	Street Address		
PROVIDENCE	State R.I.	Zip 02910	City	State	Zip
VERA M. 1			Treasurer Name		
Street Address			Street Address	<u></u>	
TARTAE JOHNSTON	State , I,	Zip 02919	City	State	Zip
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			Director Name		Alexander of the second of the
DEBORAH	R. ASSA	9NTE			
on eer Address			Street Address		
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9 LEGION NO PROVIDENCE	State	Zip	City	State	Zip
TROVIDENCE	$\perp R.T.$	02909			1219
Succión Mante			Director Name		
VERA M. I.	ACAMPO				
Street Address			Street Address		
TARTHE	FLIA				
JOHNSTON	State	Zip	City	State	Zip
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This report must be executed o	n behalf of the corpo this report must be	ration by an authorized	I d representative. If the o the corporation by the re	Orporation is in the hands	of a receiver or trustee,
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Form No. 630 Revised: 01/2012

DEBORAH R ASSANTE

Print or Type Name of Authorized Representative

this report, including any accompanying schedules and statements,

and that all statements contained herein are true and correct. Deborah R. Ossante Signature of Authorized Representative