State of Rhode Isla	and and Providenc	e Plantations					
Department of	of State - Bus	iness Service:	s Divisio	n			
Annual Report for the year: 20//e						R. 2016	
→ Filing period: January 1 - March 1						SEP THE	
→ Filing Fee: \$50.00						マ (京南)   マ (マ )   マ (	
→ Penalty: Additional \$2	5.00 fee if form is	s not filed by April 1					
1. Entity ID Number	2. Exact name	of the Corporation					
000106281	mu.	R Realty	Trust	- Inc.		i: t	
1. Entity ID Number 2. Exact name of the Corporation  OOO/O628/ MU.R Realty  3. Principal Office Address  636 Central Ave				1 1-1	State	Zip	
636 Central Ave 4. Business Phone Number					RI	02861	
401-441-9469				5. State of Incorporation $\mathcal{R}$ , $\mathcal{I}$ ,			
6 Brief description of the character of husiness conducted in Phodo John d							
	aurant	To Purc	hase s	Sell & Le	ase Rea	1 Estate	
7. List ALL officers (names and addresses)				Check the box to indicate an attachment			
President Name Jean Gaudette			Vice-Preside	ent Name			
Street Address 56 Rosewood Gue				Street Address			
City Otheboro State Ma Zip 02703			City		State	Zip	
Secretary Name				Treasurer Name			
Street Address				Street Address			
			olioci, iddioss				
City	State	Zip	City		State	Zip	
8. List ALL directors (names and addresses)  Check the box to in						cate an attachment	
Director Name				Director Name			
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Iss		Che	ck the box to ind	icate an attachment	
This information is currently of Department of State.	NUMBER OF	SHARES	CLASS/SE	RIES	PAR VALUE		
Changes require an additional t	700				1		
					ļ		
<ol><li>This report must be execu or trustee, this report must be</li></ol>	ted on behalf of the	e corporation by an	authorized re	epresentative. If the c	corporation is in t	he hands of a receiver	
Under penalty of perjury, I d	leclare and affirm	that I have examin	ed this rep	ort, including any ac	ccompanying s	chedules and	
Statements, and that all statements contained herein are true and correct.  Name of Authorized Representative  Date							
Jean Gaudette						22206	
Signature of Authorized Repre	esentative eudette	SIGN DOC	UMENT H	HERE			

**FILED** 

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov SEP 2 2 2016

By 284134