



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2017**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

JAN 23 2017

BY

11967

1. Entity ID Number 5197		2. Exact name of the Corporation M & A REALTY, INC.			
3. Principal Office Address 49 HURDIS STREET		City NORTH PROVIDENCE		State RI	Zip 02904
4. NAICS Code 53 - Real Estate and Rental and	6. Brief description of the character of business conducted in Rhode Island REAL ESTATE				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name ANTHONY SQUILLACCI, SR.		Vice-President Name ANTHONY SQUILLACCI, JR.			
Street Address 53 DOROTHY ROAD		Street Address 33 WINSOR ROAD			
City PROVIDENCE	State RI	Zip 02904	City FOSTER	State RI	Zip 02825
Secretary Name ANTHONY SQUILLACCI, JR.		Treasurer Name ANTHONY SQUILLACCI, SR.			
Street Address 33 WINSOR ROAD		Street Address 53 DOROTHY AVENUE			
City FOSTER	State RI	Zip 02825	City PROVIDENCE	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ANTHONY SQUILLACCI, SR.		Director Name ANTHONY SQUILLACCI, JR.			
Street Address 53 DOROTHY AVENUE		Street Address 33 WINSOR ROAD			
City PROVIDENCE	State RI	Zip 02904	City FOSTER	State RI	Zip 02825
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		50	COMMON	NO PAR	
11. 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.					
Name of Authorized Representative ANTHONY SQUILLACCI, SR., PRESIDENT				Date 1/17/17	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov