



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 *02*  
 BY 11967

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

MAIL TO:  
 Division of Business Services  
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