RI SOS Filing Number: 201731148850 Date: 01/30/2017 4:00 PM

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.

1. Entity ID Number	2. Exact name of the Corporation			
1662884	**MA Holdings Corporation**			
3. Principal Office Address		City	State	Zip
563 Quisset Court		**Warwick**	**RI**	**02886**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
23 - Construction	**GENERAL EXCAVATION AND REAL ESTATE INVESTMENT AND HOLDINGS**			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Norman Gravier**			Vice-President Name **Norman Gravier**		
Street Address **563 Quisset Court**			Street Address **563 Quisset Court**		
City **Warwick**	State **RI**	Zip **02886**	City **Warwick**	State **RI**	Zip **02886**
Secretary Name **Norman Gravier**			Treasurer Name **Norman Gravier**		
Street Address **563 Quisset Court**			Street Address **563 Quisset Court**		
City **Warwick**	State **RI**	Zip **02886**	City **Warwick**	State **RI**	Zip **02886**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name **Norman Gravier**			Director Name		
Street Address **563 Quisset Court**			Street Address		
City **Warwick**	State **RI**	Zip **02886**	City	State	Zip
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 — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	**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	Date
Norman Gravier	1-27-17

Signature of Authorized Representative

X SIGN DOCUMENT HERE Norman J. Gravier

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

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JAN 30 2017
BY 953

FORM 630 - Revised: 10/2016