



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 3830		2. Exact name of the Corporation MANBRO REALTY CO., INC.			
3. Principal Office Address 160 North View Avenue			City Cranston	State RI	Zip 02920
4. NAICS Code 53 - Real Estate and Rental and		6. Brief description of the character of business conducted in Rhode Island Real estate holding company			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Philip J. Mangione			Vice-President Name Philip J. Mangione		
Street Address 55 Cricket Circle			Street Address 55 Cricket Circle		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name Donna M. Mangione			Treasurer Name Donna M. Mangione		
Street Address 55 Cricket Circle			Street Address 55 Cricket Circle		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Philip J. Mangione			Director Name Donna M. Mangione		
Street Address 55 Cricket Circle			Street Address 55 Cricket Circle		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued 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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		1000	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 Donna M. Mangione					Date 2-10-2017
Signature of Authorized Representative <i>Donna M. Mangione</i>					

FILED

FEB 13 2017

BY 1246 A.A.

MAIL TO:
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 Website: www.sos.ri.gov