

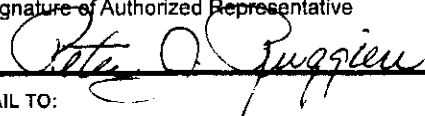


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 33805		2. Exact name of the Corporation M&P Management Company			
3. Principal Office Address 27 Split Creek Court		City Cranston		State RI	Zip 02921
4. NAICS Code 53		6. Brief description of the character of business conducted in Rhode Island REAL AND PERSONAL PROPERTY INVESTMENT			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name PETER J. RUGGIERI			Vice-President Name		
Street Address 27 Split Creek Court			Street Address		
City Cranston	State RI	Zip 02921	City	State	Zip
Secretary Name PETER J. RUGGIERI			Treasurer Name PETER J. RUGGIERI		
Street Address 27 Split Creek Court			Street Address 27 Split Creek Court		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name PETER J. RUGGIERI			Director Name		
Street Address 27 Split Creek Court			Street Address		
City Cranston	State RI	Zip 02921	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 <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			250	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 PETER J. RUGGIERI					Date 2-16-2017
Signature of Authorized Representative  SIGN DOCUMENT HERE					

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

FILED

FEB 22 2017

BY 1107 A.A.

FORM 630 - Revised: 10/2016