



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 93821		2. Exact name of the Corporation M & R PROPERTIES, INC	
3. Principal Office Address 3 DORIS AVENUE		City WARWICK	State RI
		Zip 02889	
4. NAICS Code 81 - Other Services (except <input checked="" type="checkbox"/>)	6. Brief description of the character of business conducted in Rhode Island TO CONDUCT REALTY BUSINESS		
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 ROBERT E CORSI		Vice-President Name ROBERT E CORSI	
Street Address 3 DORIS AVENUE		Street Address 3 DORIS AVENUE	
City WARWICK	State RI	City WARWICK	State RI
Zip 02889		Zip 02889	
Secretary Name ROBERT E CORSI		Treasurer Name ROBERT E CORSI	
Street Address 3 DORIS AVENUE		Street Address 3 DORIS AVENUE	
City WARWICK	State RI	City WARWICK	State RI
Zip 02889		Zip 02889	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name ROBERT E CORSI		Director Name	
Street Address 3 DORIS AVENUE		Street Address	
City WARWICK	State RI	City	State
Zip 02889		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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
		200	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 ROBERT E CORSI		Date 2/21/17	
Signature of Authorized Representative <i>Robert Corsi</i>		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 24 2017
 BY 1027
laa