



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 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	Zip 02889	City WARWICK
			State RI
			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	Zip 02889	City WARWICK
			State RI
			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	Zip 02889	City
			State
			Zip
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	
		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 			Stamp: FILED FEB 24 2017 BY <u>1027</u>

MAIL TO:
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 148 W. River Street, Providence, Rhode Island 02904-2615
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 Website: www.sos.ri.gov