



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 <b>5954</b>		2. Exact name of the Corporation <b>M&amp;G Supply Co., Inc.</b>			
3. Principal Office Address <b>715 Warren Avenue</b>			City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
4. NAICS Code <b>44-45 - Retail Trade</b>		6. Brief description of the character of business conducted in Rhode Island <b>Plumbing and heating supplies</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Richard A. Correia</b>			Vice-President Name		
Street Address <b>40 Circuit Drive</b>			Street Address		
City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>	City	State	Zip
Secretary Name <b>Victor M. Silva</b>			Treasurer Name <b>Vincente F. Correia</b>		
Street Address <b>90 Heath Street</b>			Street Address <b>17 Riley Drive</b>		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02915</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02915</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>Richard A. Correia</b>			Director Name <b>Victor M. Silva</b>		
Street Address <b>40 Circuit Drive</b>			Street Address <b>90 Heath Street</b>		
City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02915</b>
Director Name <b>Vicente F. Correia</b>			Director Name		
Street Address <b>17 Riley Drive</b>			Street Address		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02915</b>	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.  Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<b>600</b>	<b>common</b>	<b>no par</b>	
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. <b>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.</b>					
Name of Authorized Representative <b>Richard A. Correia</b>				Date <b>1-27-17</b>	
Signature of Authorized Representative <b>Richard A. Correia</b>				SIGN DOCUMENT HERE <b>FILED</b>	

FEB 28 2017

BY

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