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

Annual Report for the year: 2018
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	2. Exact name of the Corporation
19310	Mahogany Shoals, Inc.

3. Principal Office Address	City	State	Zip
164 Centerville Road	Warwick	RI	02886

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
236115	To purchase, own, manage and sell real estate, to develop and subdivide real estate and to buy sell, construct buildings
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Michael J. Revens			Michael J. Revens		
Street Address			Street Address		
164 Centerville Road			164 Centerville Road		
City	State	Zip	City	State	Zip
Warwick	RI	02886	Warwick	RI	02886
Secretary Name			Treasurer Name		
Michael J. Revens			Michael J. Revens		
Street Address			Street Address		
164 Centerville Road			164 Centerville Road		
City	State	Zip	City	State	Zip
Warwick	RI	02886	Warwick	RI	02886

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
None			None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
None			None		
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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	Common	no par value

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	Date
Michael J. Revens, President	1/13/18

Signature of Authorized Representative

SIGN DOCUMENT HERE

FILED
JAN 22 2018
BY 9182

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov