



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2018

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 13012		2. Exact name of the Corporation MUBA REALTY, INC.		
3. Principal office address 9 LEGION MEMORIAL DR.		City PROVIDENCE	State R.I.	Zip 02909
4. Business Phone No. 401-944-8414		5. State of Incorporation R.I.		
6. Brief description of the character of business conducted in Rhode Island Renting Property 531110				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name DEBORAH R. ASSANTE		Vice-President Name DEBORAH R. ASSANTE		
Street Address 9 LEGION MEMORIAL DR.		Street Address 9 LEGION MEMORIAL DR.		
City PROVIDENCE	State R.I.	Zip 02909	City PROVIDENCE	State R.I.
Secretary Name VERA M. IACAMPO		Treasurer Name DEBORAH R. ASSANTE		
Street Address 44 TARTAGLIA ST.		Street Address 9 LEGION MEMORIAL DR.		
City JOHNSTON	State R.I.	Zip	City PROVIDENCE	State R.I.
Zip 02909	City PROVIDENCE		State R.I.	Zip 02909
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name DEBORAH R. ASSANTE		Director Name		
Street Address 9 LEGION MEMORIAL DR.		Street Address		
City PROVIDENCE	State R.I.	Zip 02909	City	State
Director Name VERA M. IACAMPO		Director Name		
Street Address 44 TARTAGLIA ST.		Street Address		
City PROVIDENCE	State R.I.	Zip 02909	City	State
Zip 02909	City		State	Zip
9. SHARES AUTHORIZED				
This Information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
NUMBER OF SHARES 3390		CLASS/SERIES NO PAR		PAR VALUE -

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SECRETARY OF STATE
CORPORATIONS DIV
2018 JAN 31 PM 12:31

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Vera M. Iacampo 1/31/18
 Signature of Authorized Representative Date

VERA M. Iacampo
 Print or Type Name of Authorized Representative

FILED

JAN 31 2018

BY 303099
 A.A.