RI SOS Filing Number: 201986082800 Date: 2/6/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1

SECRETARY OF STA CORPORATIONS DIV	TÉ
2019 FER -C	, -

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000003830		2. Exact name of the Corporation MANBRO REALTY CO, INC.						
3. Principal Office Address			City		State	Zip		
160 North View Avenue		Cranston		RI	02920			
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island						
531120	Real estate	Real estate holding company						
5. State of Incorporation								
Rhode Island								
7. List ALL officers (names a	nd addresses)		···.	Check	the box to in	dicate an attachment		
President Name Philip J. Mangione			Vice-President Name Philip J. Mangione					
Street Address 55 Crickett Circle			Street Address 55 Crickett Circle					
City East Greenwich	State RI	Zip 02818	City East Gre	eenwich	State RI	^{Zip} 02818		
Secretary Name Donna M. Mangione			Treasurer Name Donna M. Mangione					
Street Address 55 Crickett Circle		Street Address 55 Crickett Circle						
City East Greenwich	State RI	^{Zip} 02818	City East Greenwich		State RI	^{Ζιρ} 02818		
8. List ALL directors (names	and addresses)			Checl	k the box to in	ndicate an attachment		
Director Name Philip J. Mang	gione		Director Name	Donna M. Mangio	ne			
Street Address 55 Crickett Circle			Street Address 55 Crickett Circle					
City East Greenwich	State RI	Zip 02818	City East Gre	eenwich	State RI	Zip 02818		
Director Name	1	•	Director Name)	·			
Street Address			Street Address	5		<u> </u>		
City	State RI	Zıp	City		State RI	Zip		
9. Shares Authorized		10. Shares Issued		Check	Check the box to indicate an attachment			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SFRI	CLASS/SERIES PAR VALUE			
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11. This report must be exec	uted on behalf of the	corporation by an	authorized repres	sentative. If the corp	oration is in t	he hands of a receiver or		
trustee, this report must be e					· .			
Under penalty of perjury, I statements, and that all sta				ncluding any acco	mpanying so	chedules and		
Name of Authorized Representative					Date	Date		
Donna M. Mangione					2-	2-4-2019		
Signature of Authorized Repr	resentative			FILED				
() oura M	Margione		····	TO A C 2019				
MAII TO:			7	ED A O TAIL	000	<u> </u>		

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos ri.gov BY OH! BWGQF

FORM 630 - Revised: 10/2017