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

Annual Report for the year: 2019
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
000377900	M&A Architectural Preservation Inc.

3 Principal Office Address	City	State	Zip
433 Market Street	Lawrence	MA	01843

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
238350	Carpentry subcontracts
5. State of Incorporation	
DE	

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

President Name	Vice-President Name
Susan G Muckle	
Street Address: 370 Summer Street	Street Address:
City: North Andover, State: MA, Zip: 01845	City: , State: , Zip:
Secretary Name: Alison Muckle	Treasurer Name:
Street Address: 303 Beacon St	Street Address:
City: Boston, State: MA, Zip: 02108	City: , State: , Zip:

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

Director Name	Director Name
Street Address:	Street Address:
City: , State: , Zip:	City: , State: , Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: , State: , Zip:	City: , State: , Zip:

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SECRETARY OF STATE
CORPORATIONS DIVISION

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
1000	STK	0

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
Susan G Muckle	2-22-19

Signature of Authorized Representative: SMuckle, President — SIGN DOCUMENT HERE

FILED
FEB 25 2019
BY 69711D
A.A. 1:12pm

MAIL TO:
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