



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

Annual Report for the year: 2019  
 Corporation

**FILED**  
 MAR 14 2019 *SL*

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY 162

1. Entity ID Number <b>795868</b>		2. Exact name of the Corporation <b>NMA REALTY, INC.</b>			
3. Principal Office Address <b>45 COHASSET LANE</b>			City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>
4. NAICS Code <b>531390</b>		6. Brief description of the character of business conducted in Rhode Island <b>REAL ESTATE RENTALS &amp; INVESTMENTS FOR PROFIT</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>NAWEE HENG</b>			Vice-President Name <b>NAWEE HENG</b>		
Street Address <b>45 COHASSET LANE</b>			Street Address <b>SAME</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>	City	State	Zip
Secretary Name <b>NAWEE HENG</b>			Treasurer Name <b>NAWEE HENG</b>		
Street Address <b>SAME</b>			Street Address <b>SAME</b>		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		100		COMMON	
				PAR VALUE	
				NO PAR	
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 <b>NAWEE HENG, PRESIDENT</b>					Date <input checked="" type="checkbox"/> <b>03-11-19</b>
Signature of Authorized Representative <i>NAWEE HENG</i>					SIGN DOCUMENT HERE

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