



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.

FILED

MAR 14 2019

BY 162

1. Entity ID Number 795868		2. Exact name of the Corporation NMA REALTY, INC.			
3. Principal Office Address 45 COHASSET LANE			City CRANSTON	State RI	Zip 02921
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE RENTALS & INVESTMENTS FOR PROFIT			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name NAWEE HENG			Vice-President Name NAWEE HENG		
Street Address 45 COHASSET LANE			Street Address SAME		
City CRANSTON	State RI	Zip 02921	City	State	Zip
Secretary Name NAWEE HENG			Treasurer Name NAWEE HENG		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 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 <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100 COMMON 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 NAWEE HENG, PRESIDENT					Date 03-11-19
Signature of Authorized Representative <i>NAWEE HENG</i>					SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016