



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019
Corporation

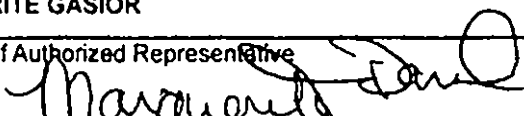
→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2019 JUL 11 AM 11:03

1. Entity ID Number 000123993		2. Exact name of the Corporation M.G. Associates, INC			
3. Principal Office Address 123 NARRAGANSETT BAY AVENUE			City Warwick	State RI	Zip 02889
4. NAICS Code 236110	6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION TITLE 7-1.1-51				
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name MARGUERITE GASIOR			Vice-President Name		
Street Address 35 SUGAR MAPLE DRIVE			Street Address		
City COVENTRY	State RI	Zip 02816	City	State	Zip
Secretary Name MARGUERITE GASIOR			Treasurer Name MARGUERITE GASIOR		
Street Address 35 SUGAR MAPLE DRIVE			Street Address 35 SUGAR MAPLE DRIVE		
City	State	Zip	City COVENTRY	State RI	Zip 02816
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name MARGUERITE GASIOR			Director Name		
Street Address 35 SUGAR MAPLE DRIVE			Street Address		
City COVENTRY	State RI	Zip 02816	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		8000.00			1.00
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 MARGUERITE GASIOR				Date	6/24/19
Signature of Authorized Representative 				FILED JUL 11 2019 BY sm A92	