

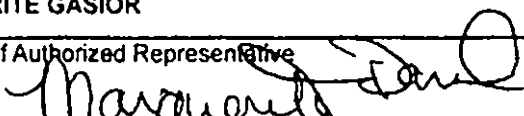


State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

Annual Report for the year: 2019  
 Corporation

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2019 JUL 11 AM 11:03

- 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 <b>000123993</b>		2. Exact name of the Corporation <b>M.G. Associates, INC</b>			
3. Principal Office Address <b>123 NARRAGANSETT BAY AVENUE</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>
4. NAICS Code <b>236110</b>		6. Brief description of the character of business conducted in Rhode Island <b>CONSTRUCTION TITLE 7-1.1-51</b>			
5. State of Incorporation <b>RI</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>MARGUERITE GASIOR</b>			Vice-President Name		
Street Address <b>35 SUGAR MAPLE DRIVE</b>			Street Address		
City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>	City	State	Zip
Secretary Name <b>MARGUERITE GASIOR</b>			Treasurer Name <b>MARGUERITE GASIOR</b>		
Street Address <b>35 SUGAR MAPLE DRIVE</b>			Street Address <b>35 SUGAR MAPLE DRIVE</b>		
City	State	Zip	City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>MARGUERITE GASIOR</b>			Director Name		
Street Address <b>35 SUGAR MAPLE DRIVE</b>			Street Address		
City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>	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	PAR VALUE
		<b>8000.00</b>			<b>1.00</b>
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. <i>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.</i>					
Name of Authorized Representative <b>MARGUERITE GASIOR</b>				Date <b>6/24/19</b>	
Signature of Authorized Representative 				<b>FILED</b>	
				<b>JUL 11 2019</b>	

BY gm A92