



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2020**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

2020 JAN 23 PM 1:08

1. Entity ID Number 114629		2. Exact name of the Corporation Matlaw Corporation			
3. Principal Office Address 1455 Mineral Spring Avenue			City North Providence	State RI	Zip 02904
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island The purchase, sale, and management of real property			
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 Laurence S. Levey			Vice-President Name Jamie B. Levey		
Street Address 50 Deborah Road			Street Address 50 Deborah Road		
City Newton	State MA	Zip 02459	City Newton	State MA	Zip 02459
Secretary Name Laurence S. Levey			Treasurer Name Jamie B. Levey		
Street Address 50 Deborah Road			Street Address 50 Deborah Road		
City Newton	State MA	Zip 02459	City Newton	State MA	Zip 02459
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					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			PAR VALUE		
			10	N/A	\$10.00
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 Laurence S. Levey					Date 1/10/2020
Signature of Authorized Representative <i>[Signature]</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.govFILED
JAN 28 2020
BY *[Signature]* 35R29
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FORM 630 - Revised: 10/2017