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State of Rhode Island

Department of State - Business Services Division

FILED
JAN 06 2021
BY 416

Annual Report for the year: 2021
Corporation

→ 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	2. Exact name of the Corporation			
13012	MUBA REALTY, INC.			
3. Principal Office Address		City	State	Zip
9 Legion Mem. Dr		Providence	RI	02909
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
531110	Renting Property			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Deborah R Assante	9 Legion Memorial Dr.	Prov.	RI	02909

Vice-President Name	Street Address	City	State	Zip
Deborah B Assante	9 Legion Memorial Dr.	Prov.	RI	02909

Secretary Name	Street Address	City	State	Zip
VERA M Iacampo	44 Tarteglia St	Johnston	RI	02919

Treasurer Name	Street Address	City	State	Zip
Deborah B Assante	9 Legion Mem. Dr	Providence	RI	02909

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Deborah R Assante	9 Legion Memorial Dr	Providence	RI	02909
Vera M Iacampo	44 Tartaglia St	Johnston	RI	02919

Director Name	Street Address	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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
3390	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	Date
VERA M Iacampo	1/1/2021

Signature of Authorized Representative: Vera M Iacampo

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