



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

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- 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 796566		2. Exact name of the Corporation CAROL A. MULVANEY, INC.			
3. Principal Office Address 14 PINE AVE.		City NARRAGANSETT		State RI	Zip 02880
4. NAICS Code 551112		6. Brief description of the character of business conducted in Rhode Island HOLDINGS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CAROL MULVANEY			Vice-President Name		
Street Address 14 PINE AVE			Street Address		
City NARRAGANSETT		State RI	Zip 02880	City	
Secretary Name CHRISTOPHER MULVANEY			Treasurer Name		
Street Address 231 OLD TOWER HILL RD., STE 201B			Street Address		
City WAKEFIELD		State RI	Zip 02879	City	
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	
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
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
		1000		COMMON	\$.01
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 CHRISTOPHER MULVANEY				Date 8/26/21	
Signature of Authorized Representative <div style="text-align: right; font-weight: bold; font-size: 1.2em;">FILED</div>					

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

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