



Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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BUS SVCS DIV

2023 JAN -6 PM 1:49

1. Entity ID Number <u>13612</u>		2. Exact name of the Corporation <u>Muba Realty Inc</u>			
3. Principal Office Address <u>9 Legion Memorial Dr</u>		City <u>Providence</u>		State <u>RI</u>	Zip <u>02909</u>
4. NAICS Code <u>531110</u>		6. Brief description of the character of business conducted in Rhode Island <u>Renting Property</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Deborah R Assante</u>			Vice President Name <u>Deborah R. Assante</u>		
Street Address <u>9 Legion Memorial Dr</u>			Street Address <u>9 Legion Memorial Dr</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>
Secretary Name <u>Vera M Tacampo</u>			Treasurer Name <u>Deborah R Assante</u>		
Street Address <u>44 Tartaglia St</u>			Street Address <u>9 Legion Memorial Drive</u>		
City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02905</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>Deborah R Assante</u>			Director Name		
Street Address <u>9 Legion Memorial Dr</u>			Street Address		
City <u>Prov</u>	State <u>RI</u>	Zip <u>02909</u>	City	State	Zip
Director Name <u>Vera M Tacampo</u>			Director Name		
Street Address <u>44 Tartaglia St</u>			Street Address		
City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>	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 <input type="checkbox"/>			
		NUMBER OF SHARES <u>3390</u>		CLASS/SERIES <u>NO PAR</u>	
				PAR VALUE	
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 <u>Vera M Tacampo</u>				Date <u>1/4/23</u>	
Signature of Authorized Representative <u>Vera M Tacampo</u>				FILED JAN 06 2023 BY <u>KS</u>	