RI SOS Filing I	Number: 202	325855370	Date: 1/6	/2023 4:00:00 PM	М 		
State of Rhode Island  Department of State	e - Busines:	s Services Di	vision				
Annual Report for the year: 2023  Orporation  → Filing period: February 1 - May 1			FILICEIVED R.I. DEPT. OF STATE BUS SVOS DIV				
→ Filling Fee: \$50.00  → Penalty: Additional \$25.00 fee if form is not filed by May 31.			2023 JAN -6 PM 1:49				
1. Entity ID Number	2. Exact name of	the Corporation	<u>-</u>				=
13012	Muba	Realto	1 In	C			
3. Principal Office Address			City		State	Zip	-
9 Legion M	Demoria	1 Dr	Pro	lidence	RI	02909	
		on of the character	of business	conducted in Rhode Is		102201	_
531110							
5. State of Incorporation	nentin	y Prope	rty				
B+		) .					
7. List ALL officers (names and addre	esses)	<del></del>	<u> </u>	Chack ti	he hoy to indica	oto on ottochment l	=
President Name			Check the box to indicate an attachment ☐  Vice-President Name				
Deborah R Assante			Leborah B. Itssante				
9 Legion memorial Dr			Street Addres	8 80100 M	\0100 A	1 1	
Providence & D2909			City P	vidence	emoria State 2 T	02909	_
Secretary Name			Treasurer Nar	ne T	^		_
Vera M Iacampo				orah K	Assa +	<u>e</u>	
44 TArtaglia St			Street Addres		morial	Drive	
	RI	102919	City	ovidence	State R T	Zp 29 05	_
B. List ALL directors (names and add	resses)			Check tl	he box to indica	ate an attachment	3
Director Name  Deborah R. Assante  Street Address			Director Name				
9 Legion M	Pernocial	Dr	Street Address	S			
THOU	State	U2909	City	•	State	Zip	
Director Name VERA M Tacampo			Director Name		·		
				5	<del></del> -		
iny S	State	Zip C. I. C.	City	<u> </u>	State	Zip	_
Shares Authorized	NI	(2)919	<u> </u>		<u></u>		
. Shares Authorized 10 This Information is currently of record in the		10. Shares Issue NUMBER OF SH		Check th class/series	ne box to indica	te an attachment [	_
Department of State. Changes require an additional filing.		2201	3390		_		
		9510	-	<i>N0 1</i>	HH		_
1. This report must be executed on t	behalf of the corp	poration by an auti	nonized repres	sentative. If the corpora	etion is in the h	ands of a receiver o	)r
rustee, this report must be executed Inder penalty of perjury, I declare	on behalf of the	corporation by the	receiver or tr	ustee. noludina any accomo	anuing school	lules and	
statements, and that all statements	contained her	ein are true and c	correct.		eryny stried		
Name of Authorized Representative					Date 1	1	
Vera M Iacampo				- FILED -	1 141	23	
Signature of Authorized Representati			·	······································	· · · · · · · · · · · · · · · · · · ·	···	_
Mua		canpo		JAN 06 2023			

MAIL TO:

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