



State of Rhode Island
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.

FILED
 FEB 09 2023
 BY *[Signature]*

1. Entity ID Number 000065127		2. Exact name of the Corporation MAP Real Estate Incorporated			
3. Principal Office Address One James P. Murphy Hwy Suite 200			City West Warwick	State RI	Zip 02893
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island Real Estate			
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 Stephen G. Soscia			Vice-President Name Patricia N. Soscia		
Street Address One James P. Murphy Highway Suite 200			Street Address One James P. Murphy Highway Suite 200		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Stephen G. Soscia			Director Name Patricia N. Soscia		
Street Address One James P. Murphy Highway Suite 200			Street Address One James P. Murphy Highway Suite 200		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
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	
		200		Common	
				PAR VALUE	
				1.00	
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 Stephen Soscia President				Date 2.2.2023	
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov