



State of Rhode Island
 Department of State - Business Services Division

FILED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

Annual Report for the year: 2021
 Corporation _____

2023 MAR 10 PM 2:42

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

1. Entity ID Number 1338477		2. Exact name of the Corporation MWB, Inc.			
3. Principal Office Address 4 Turtle Creek Drive			City Warwick	State RI	Zip 02886
4. NAICS Code 238160		8. Brief description of the character of business conducted in Rhode Island To provide roofing services to homeowners and an agreement to retain an independent contract/sub-contractor to provide labor for roofing projects.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael Brugnoli			Vice-President Name Michael Brugnoli		
Street Address 4 Turtle Creek Drive			Street Address 4 Turtle Creek Drive		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Michael Brugnoli			Treasurer Name Michael Brugnoli		
Street Address 4 Turtle Creek Drive			Street Address 4 Turtle Creek Drive		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael Brugnoli			Director Name		
Street Address 4 Turtle Creek Drive			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		0.00		0.0100	
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 Michael Brugnoli				Date 3/6/2023	
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2815
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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 BY 3W008
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FORM 630 - Revised: 11/2021