



State of Rhode Island

Department of State - Business Services Division

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

Annual Report for the year: 2017

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

2023 MAR 10 PM 2:42

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	6. 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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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	City Warwick	State RI
Zip 02886		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	City Warwick	State RI
Zip 02886		Zip 02886	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name Michael Brugnoli		Director Name	
Street Address 4 Turtle Creek Drive		Street Address	
City Warwick	State RI	City	State
Zip 02886		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES	CLASS/SERIES
		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 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

FILED

 MAR 10 2023  
 BY 3WQ08  
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FORM 630 - Revised: 11/2021