



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.

**STAMP**  
 RECEIVED  
 R.I. DEPT. OF STATE  
 SECRETARY OF STATE  
 BUS SVCS DIVISION  
 2023 APR -5 A 9:00

1. Entity ID Number <b>136339</b>		2. Exact name of the Corporation <b>MMS INVESTMENTS, INC.</b>			
3. Principal Office Address <b>65 Fox Ridge Drive</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>
4. NAICS Code <b>531110</b>		6. Brief description of the character of business conducted in Rhode Island <b>The purchase, sale and rental of real estate and any other lawful business.</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Margaret M. Scaralia</b>			Vice-President Name <b>Albert J. Scaralia</b>		
Street Address <b>65 Fox Ridge Drive</b>			Street Address <b>65 Fox Ridge Drive</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>
Secretary Name <b>Albert J. Scaralia</b>			Treasurer Name <b>Margaret M. Scaralia</b>		
Street Address <b>65 Fox Ridge Drive</b>			Street Address <b>65 Fox Ridge Drive</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>None</b>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	Common	No 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.					
<b>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.</b>					
Name of Authorized Representative <b>Margaret M. Scaralia</b>					Date <b>2/15/23</b>
Signature of Authorized Representative <i>Margaret M. Scaralia</i>					

FILED

APR 05 2023  
BY ML 406

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