



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 TAMP
APR 05 2023
 BY 10936
OS

1. Entity ID Number 001743147		2. Exact name of the Corporation M.P. Mfg., Inc.			
3. Principal Office Address 136 Mishnock Road			City West Greenwich	State RI	Zip 02817
4. NAICS Code 339999	6. Brief description of the character of business conducted in Rhode Island Machine shop				
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 Joseph Acquarulo			Vice-President Name Ashley Acquarulo		
Street Address 64 Queach Road			Street Address 64 Queach Road		
City Bradford	State CT	Zip 06405	City Bradford	State CT	Zip 06405
Secretary Name Mary Acquarulo			Treasurer Name Ashley Acquarulo		
Street Address 64 Queach Road			Street Address 64 Queach Road		
City Bradford	State CT	Zip 06405	City Bradford	State CT	Zip 06405
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Joseph Acquarulo			Director Name Ashley Acquarulo		
Street Address 64 Queach Road			Street Address 64 Queach Road		
City Bradford	State CT	Zip 06405	City Bradford	State CT	Zip 06405
Director Name Mary Acquarulo			Director Name		
Street Address 64 Queach Road			Street Address		
City Bradford	State CT	Zip 06405	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	PAR VALUE
			100	COMMON	NONE
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 JOSEPH ACQUARULO, PRESIDENT				Date 3/31/2023	
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