



State of Rhode Island
Department of State - Business Services Division

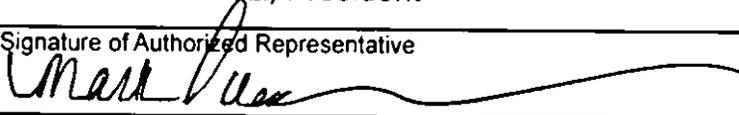
FILED

Annual Report for the year: 2023
Corporation

APR 05 2023

E: 11513
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- 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 18112		2. Exact name of the Corporation M.G. Enterprises, LTD.			
3. Principal Office Address 460 Atwood Avenue			City Cranston	State RI	Zip 02920
4. NAICS Code 81-1111 :S		6. Brief description of the character of business conducted in Rhode Island Automotive Repair Services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mark S. Pieranunzi			Vice-President Name Deva Pieranunzi Roberts		
Street Address 460 Atwood Avenue			Street Address 460 Atwood Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Mark S. Pieranunzi			Treasurer Name Mark S. Pieranunzi		
Street Address 460 Atwood Avenue			Street Address 460 Atwood Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Mark S. Pieranunzi			Director Name Deva Pieranunzi Roberts		
Street Address 460 Atwood Avenue			Street Address 460 Atwood Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
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			
		NUMBER OF SHARES 1000	CLASS/SERIES Common	PAR VALUE 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.					
<i>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.</i>					
Name of Authorized Representative Mark S. Pieranunzi, President				Date 1/25/2023	
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