RI SOS Filing Number: 202342737790 Date: 11/14/2023 1:41:00 PM

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DATE	

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

Filing Fee: \$50.00 fee if form is not filed by Ma

R.L	RECEIVED DEPT OF STA	
	SET L. DE Cr.	

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.					DEPT OF ST.		
1. Entity ID Number	2. Exact name of the Corporation				DEPT OF SUL		
000377900	M&A Architectural Preservation Inc.						
3. Principal Office Address			City		State	Zip 20	
433 Market St.	Market St.		Lawrence		MA	01843	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island						
238350	Carpentry	Carpentry Subcontracts					
5. State of Incorporation		Cabooniaco					
DE							
7. List ALL officers (names and	addresses)			Check th	ne box to indi	cate an attachment	
President Name Susan G Muckle			Vice-President Name				
Chront Address			Street Address				
370 Summer							
^{City} North Andover	State MA	^{Zip} 01845	City		State	Ζip	
Secretary Name Robert J Mu	ckle		Treasurer Name				
Street Address 370 Summer St			Street Address				
^{City} North Andover	State MA	^{Zip} 01845	City		State	Zip	
8. List ALL directors (names and	addresses)	<u> </u>		Check th	ne box to indi	cate an attachment	
Director Name	•		Director Name				
Street Address		· · · · · · · · · · · · · · · · · · ·	Street Address				
			John College Address				
City	State	Zip	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
		<u> </u>	,				
9. Shares Authorized		10. Shares Issu					
This information is currently of re- Department of State.	cord in the	NUMBER OF	SHARES	CLASS/SERIES		PAR VALUE	
		1,000				\circ	
Changes require an additional filir	ng.						
11. This report must be executed	on behalf of the o	corporation by an a	uthorized represent	ative. If the corpora	ation is in the	hands of a receiver or	
trustee, this report must be exec	uted on behalf of t	he corporation by t	he receiver or trust	ee.			
Under penalty of perjury, I dec				uding any accomp	anying sche	dules and	
Statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date							
Susan G Muckle					04-25-23		
Signature of Authorized Represe	entative	.	FILL	· U	1		
$-$ A $/$ λ λ	112		NOV 1 4	2023			
MAIL TO:	<u>~</u>		PUV A	<u>/ 1// .1 </u>		·	

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY QS3 BX 1:41

FORM 630 - Revised: 2/2023