State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2023 NOV 14 P 1:38

1. Entity ID Number	2. Exact name of the Corporation			
000377900	M&A Architectural Preservation Inc.			
3. Principal Office Address		City	State	Zip
433 Market St.		Lawrence	MA	01843
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
238350	Carpentry Subcontracts			
5. State of Incorporation				
DE				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Susan G Muckle			Vice-President Name:		
Street Address: 370 Summer St			Street Address:		
City: North Andover	State: MA	Zip: 01845	City:	State:	Zip:
Secretary Name: Alison E Muckle			Treasurer Name:		
Street Address: 20 Chestnut St			Street Address:		
City: Exeter	State: NH	Zip: 03833	City:	State:	Zip:

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Robert J Muckle			Director Name:		
Street Address: 370 Summer St			Street Address:		
City: North Andover	State: MA	Zip: 01845	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000		0

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	Date
Susan G Muckle	04-25-23

Signature of Authorized Representative: S Muckle

FILED
NOV 14 2023
BY QS3BX 1:39

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