



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.

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BUS SVCS DIV

2023 NOV 14 P 1:38

1. Entity ID Number 000377900		2. Exact name of the Corporation M&A Architectural Preservation Inc.			
3. Principal Office Address 433 Market St.		City Lawrence		State MA	Zip 01843
4. NAICS Code 238350	6. Brief description of the character of business conducted in Rhode Island Carpentry Subcontracts				
5. State of Incorporation DE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>					
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 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 Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 1,000	CLASS/SERIES	PAR VALUE 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 Susan G Muckle				Date 04-25-23	
Signature of Authorized Representative 				FILED NOV 14 2023	

MAIL TO:
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