



State of Rhode Island
Department of State - Business Services Division

FILED

FEB 20 2026

BY *[Signature]*

Annual Report for the year: 2024
Corporation

- 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 000005540		2. Exact name of the Corporation MFA REALTY COMPANY	
3. Principal Office Address 89 GLENWOOD DRIVE		City WARWICK	State RI
		Zip 02889	
4. NAICS Code 531390	6. Brief description of the character of business conducted in Rhode Island OCCASIONAL RENTAL OF VACANT LAND		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name FRANK A. NERI		Vice-President Name MICHAEL J. NERI	
Street Address 89 GLENWOOD DRIVE		Street Address 32 KIRBY AVE	
City WARWICK	State RI	City WARWICK	State RI
		Zip 02889	
Secretary Name FRANK A. NERI		Treasurer Name MICHAEL J. NERI	
Street Address SAME AS ABOVE		Street Address 32 KIRBY AVE	
City WARWICK	State RI	City WARWICK	State RI
		Zip 02889	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name FRANK A. NERI		Director Name MICHAEL J. NERI	
Street Address 89 GLENWOOD DRIVE		Street Address 32 KIRBY AVE.	
City WARWICK	State RI	City WARWICK	State RI
		Zip 02889	
Director Name		Director Name	
Street Address		Street Address	
City	State	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. 240		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES 240	CLASS/SERIES CNP
		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 FRANK A. NERI			Date 2-11-24
Signature of Authorized Representative <i>Frank A. Neri</i>			