



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

REC'D RIDOS BSD
24 FEB 22 PM 2:10:07

- 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 114629		2. Exact name of the Corporation Matlaw Corporation	
3. Principal Office Address 1455 Mineral Spring Avenue		City North Providence	State RI
		Zip 02904	
4. NAICS Code 531110	6. Brief description of the character of business conducted in Rhode Island The purchase, sale, and management of real property.		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Laurence S. Levey		Vice-President Name Jamie B. Levey	
Street Address 50 Deborah Road		Street Address 50 Deborah Road	
City Newton	State MA	Zip 02459	City Newton
			State MA
			Zip 02459
Secretary Name Laurence S. Levey		Treasurer Name Jamie B. Levey	
Street Address 50 Deborah Road		Street Address 50 Deborah Road	
City Newton	State MA	Zip 02459	City Newton
			State MA
			Zip 02459
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		10	N/A
		PAR VALUE	
		\$10.00	
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 Laurence S Levey			Date 2/1/24
Signature of Authorized Representative <i>[Signature]</i>			FILED 210

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2816
Phone: (401) 222-3040
Website: www.sos.ri.gov

FEB 22 2024
BY *[Signature]*