RI SOS Filing Number: 202449080690 Date: 3/13/2024 4:00:00 PM

State of Rhode Island				: :			
Department of State - Business Services Division							
Annual Report for the year: 2024					FIEEDAP		
Corporation						Sup.	
→ Filing period: February 1 - May 1 → Filing Fee: \$50,00					WAR TERESORY		
Penalty: Additional \$25.00 fee if form is not filed by May 31.							
1. Entity ID Number	2. Exact name of the Corporation						
795868	NMA REALTY, INC.					O()	
3. Principal Office Address 346 ARMISTICE BLVD	<b>/</b> D			CKET	State RI	02861	
4. NATCS Code	6. Brief description of the character of business conducted in Rhode Island						
(D) (11)	REAL ESTATE RENTALS & INVESTMENTS FOR PROFIT						
5. State of Incorporation							
RHODE ISLAND -							
7. List ALL officers (names and addresses)  Check the box to indicate an attachment E							
President Name NAWEE HENG	NAWEE HENG			Vice-President Name NAWEE HENG			
	194 BURNSIDE AVE			Street Address SAME			
City SEEKONK	State MA	<sup>Zφ</sup> 02771	City		State	Ζip	
Secretary Name NAWEE HENG			Treasurer Name NAWEE HENG				
Street Address SAME			Street Address SAME				
City	State	Zip	City	<u> </u>	State	Žip	
8. List ALL directors (names and ad Director Name	kdresses)	·	<u> </u>	Check th	ne box to i	ndicate an attachment	
Director Name							
Street Address			Street Address				
City	State	Zip	City		State	Zip	
Director Name	·	<u> </u>	Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized This information is currently of record in the					k the box to indicate an attachment		
Department of State.  Changes require an additional filing.		100 COMMON		CLASS/SERIES		PAR WALUE	
				COMINON		NO PAR	
					,		
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							
NAWEE HENG, PRESIDENT 03-10-94						3-10-24	
Signature of Authorized Representative  Lunck							
- vum cty							

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