



State of Rhode Island
Department of State - Business Services Division

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.

FILED
 MAR 13 2024
 BY *[Signature]*

1. Entity ID Number 536146		2. Exact name of the Corporation M & F ANTHONY REALTY, INC.					
3. Principal Office Address 346 ARMISTICE BLVD		City PAWTUCKET		State RI	Zip 02861		
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>							
President Name NAWEE HENG			Vice-President Name NAWEE HENG				
Street Address 194 BURNSIDE AVE			Street Address SAME				
City SEEKONK	State MA	Zip 02771	City	State	Zip		
Secretary Name NAWEE HENG			Treasurer Name NAWEE HENG				
Street Address SAME			Street Address SAME				
City	State	Zip	City	State	Zip		
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 10. Shares Issued 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.			NUMBER OF SHARES			CLASS/SERIES	PAR VALUE
			100		COMMON	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. <i>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.</i>							
Name of Authorized Representative NAWEE HENG, PRESIDENT				Date 03-10-24			
Signature of Authorized Representative <i>[Signature]</i>							

MAIL TO:
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 Website: www.sos.ri.gov