State of Rhode Island
Department of State - Business Services Division

FILED
MAR 05 2025
BY 2178 a

Annual Report for the year: 2025
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation		
000005540	MFA REALTY COMPANY, INC		
3. Principal Office Address	City	State	Zip
89 GLENWOOD DRIVE	WARWICK	RI	02889
4. NAICS Code: 531390	6. Brief description of the character of business conducted in Rhode Island: OCCASSIONAL RENTAL OF VACANT LAND		
5. State of Incorporation: RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
FRANK A. NERI	MICHAEL J. NERI
Street Address: 89 GLENWOOD DRIVE	Street Address: 32 KIRBY AVE
City: WARWICK State: RI Zip: 02889	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: State: Zip:	City: WARWICK State: RI Zip: 02889

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
FRANK A. NERI	MICHAEL J. NERI
Street Address: 89 GLENWOOD DRIVE	Street Address: 32 KIRBY AVE.
City: WARWICK State: RI Zip: 02889	City: WARWICK State: RI Zip: 02889
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. 240

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
240	CNP	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	Date
FRANK A. NERI	2-23-2025

Signature of Authorized Representative: Frank A. Neri

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615