



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2025**

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 06 2025

BY 1901

1. Entity ID Number 5954		2. Exact name of the Corporation M&G Supply Co., Inc.	
3. Principal Office Address 715 Warren Ave		City E Providence	State RI
		Zip 02914	
4. NAICS Code 423720	6. Brief description of the character of business conducted in Rhode Island Plumbing & Heating Supplies		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Richard A Correia		Vice-President Name Victor M Silva	
Street Address 38 Circuit Dr		Street Address 90 Heath Street	
City Riverside	State RI	City E Providence	State RI
	Zip 02915		Zip 02914
Secretary Name Victor M Silva		Treasurer Name Jeffrey Estrela	
Street Address 90 Heath St		Street Address 124 Richie Rd	
City E Providence	State RI	City Attleboro	State MA
	Zip 02914		Zip 02703
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Richard A Correia		Director Name Victor M Silva	
Street Address 38 Circuit Dr		Street Address 90 Heath St	
City Riverside	State RI	City E Providence	State RI
	Zip 02915		Zip 02914
Director Name Jeffrey Estrela		Director Name	
Street Address 124 Richie Rd		Street Address	
City Attleboro	State MA	City	State
	Zip 02703		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	
		600	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.			
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 Jeffrey Estrela			Date 2/18/25
Signature of Authorized Representative <i>Jeffrey Estrela</i>			

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