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BY

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.

1. Entity ID Number	2. Exact name of the Corporation			
93821	M & R PROPERTIES, INC			
3. Principal Office Address		City	State	Zip
3 DORIS AVENUE		WARWICK	RI	02889
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
531190	TO CONDUCT REALTY BUSINESS			
5. State of Incorporation				
RHODE ISLAND				

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

President Name ROBERT E CORSI			Vice-President Name ROBERT E CORSI		
Street Address 3 DORIS AVE			Street Address 3 DORIS AVE		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
Secretary Name ROBERT E CORSI			Treasurer Name ROBERT E CORSI		
Street Address 3 DORIS AVE			Street Address 3 DORIS AVE		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889

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

Director Name ROBERT E CORSI			Director Name		
Street Address 3 DORIS AVE			Street Address		
City WARWICK	State RI	Zip 02889	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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	200	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	Date
ROBERT E CORSI	3/9/25

Signature of Authorized Representative

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

FORM 630- Revised 12/2023