

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

2009 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1 subject to a penalty fee of \$25.00.	.2-1501(e), each corp	oration failing or refusing to file its ann	ual report within thirty (30) d	lays after the time prescribed by	law (R.I.G.L. 7-1.2-1501(c&d)) is			
1. Corporate ID No. 59685		2. Name of Corporation Masi Realty, Inc.						
3. Street Address Principal Business Office 100 Federal Way			Gity Johnston	State RI	^{Zφ} 02919			
4. Business Phone No. 401-454-2920	5. State of Incorporation Rhode Island							
6. Brief Description of the Charact Owning, leasing and ope								
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTAC President Name Nicholas Masi			CHMENT) TELL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Elaine Masi					
Street Address 100 Federal Way			Street Address 100 Federal Way					
^{City} Johnston	State RI	^{Zip} 02816	City Johnston	State RI	^{Zip} 02919			
Secretary Name Elaine Masi			Treasurer Name Nicholas Masi					
Street Address 100 Federal Way			Street Address 100 Federal Way					
_{City} Johnston	State RI	^Z ψ 02919	City Johnston	State RI	^Z ψ 02919			
8. NAMES AND ADDRESS Director Name Nicholas Masi	es of the dir	ECTORS: ("X" BOX FOR ATT	ACHMENT) FILL I Director Name Elaine Masi	N SPACES BEFORE USI	NG ATTACHMENTS			
Street Address 100 Federal Way			Street Address 100 Federal Way					
City Johnston	State RI	^{Zφ} 02919	City Johnston	State RI	<i>Ζίρ</i> 02919			
Director Name None			Director Name None					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
9. SHARES AUTHORIZED			10. SHARES ISSUED (*X**BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value			

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.

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File Date		FI	Ŀ	Ď.	
Check No		JAN	147	2009-	i ya chi kasa matsa ka saka ka ka
By:	OR SECI	RETARY	36 OF STAT	2 EUSE ON	LY .

State. Changes require an additional filing. See Section 9 of

instruction sheet.

Under penalty of perjury, I declare and aff	firm that I have examined this report,
including any accompanying schedules ar	nd statements, and that all statements
contained herein are true and correct.	
Michaelas Mon	1-13.09
Sigylatylré	Date
Nicholas Masi	
Print or Type Name	***
President	
Title	

Common

No Par Value