State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
121224	MAISSAM INC			
3. Street Address Principal Business Office		City	State	Zip
695 WEST SHORE ROAD		WARWICK	RI	02889
4. Business Phone No.	5. State of Incorporation			
401 578-6573	RI			
6. Brief Description of the Character of Business Conducted in Rhode Island				
LANDLORD OF COMMERCIAL BUILDING				

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
AHMAD BASEL ALGHEZZI	AHMAD BASEL ALGHEZZI
Street Address: PO BOX 326	Street Address: PO BOX 326
City: BARRINGTON State: RI Zip: 02806	City: BARRINGTON State: RI Zip: 02806
Secretary Name	**Treasurer Name**
AHMAD BASEL ALGHEZZI	AHMAD BASEL ALGHEZZI
Street Address: PO BOX 326	Street Address: PO BOX 326
City: BARRINGTON State: RI Zip: 02806	City: BARRINGTON State: RI Zip: 02806

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
AHMAD BASEL ALGHEZZI	
Street Address: PO BOX 326	Street Address:
City: BARRINGTON State: RI Zip: 02806	City: State: Zip:
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 Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

$000 NO PAR

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
$000	COMMON	NO PAR

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.

[redacted]

FILED
File Date: APR 01 2009 1:08
Check No.:
By: 095 460
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

X Ahmad B. Alghezzi — 2/24/09
Signature *Date*

AHMAD BASEL ALGHEZZI
Print or Type Name

PRESIDENT
Title

Form 630 Rev. 08/08