



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

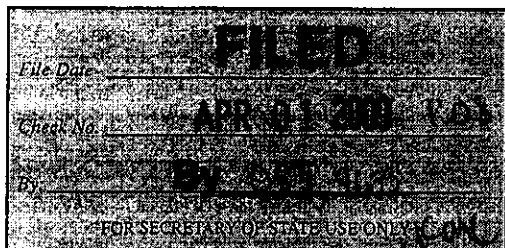
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

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. 121224		2. Name of Corporation MAISSAM INC.			
3. Street Address Principal Business Office 695 WEST SHORE ROAD		City WARRICK		State RI	Zip 02889
4. Business Phone No. 401-578-6573		5. State of Incorporation 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 <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name AHMAD BASIL ALGHEZZI			Vice President Name AHMAD BASIL 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 AHMAD BASIL ALGHEZZI			Treasurer Name AHMAD BASIL 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 <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name AHMAD BASIL ALGHEZZI			Director Name		
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			10. SHARES ISSUED (X) BOX FOR ATTACHMENT <input type="checkbox"/>		
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. 8000 NO PAR			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 8000	Class/Series Common	Par Value NO PAR
THIS SECTION MUST BE COMPLETED					

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.

X Ahmad B. Alghezzi 2/24/09
Signature Date
AHMAD BASIL ALGHEZZI
Print or Type Name
PRESIDENT
Title