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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 2010

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		
8211	MASSASOIT REALTY, INC.		
3. Street Address Principal Business Office: 35 Long Lane	City: Warren	State: RI	Zip: 02885
4. Business Phone No.: 247-7310	5. State of Incorporation: Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island: Real Estate Sales			

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

President Name: Karen Souza			Vice President Name: Elizabeth Souza		
Street Address: 35 Long Lane			Street Address: 35 Long Lane		
City: Warren	State: RI	Zip: 02885	City: Warren	State: RI	Zip: 02885
Secretary Name: Elizabeth Souza			Treasurer Name: Karen Souza		
Street Address: 35 Long Lane			Street Address: 35 Long Lane		
City: Warren	State: RI	Zip: 02885	City: Warren	State: RI	Zip: 02885

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

Director Name: None			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	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.

10. SHARES ISSUED (X BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
None	Common	No par value
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.

[redacted]

[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.

Karen E Souza 02/22/10
Signature *Date*

Karen Souza
Print or Type Name

President
Title

[redacted]

File Date 3-3-2010 3/3/2010
Check No. 4315 4315
By: Marie mnc
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Form 630 Rev. 08/08