STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
75014	410 South Main Street Title Holding Company, Inc.

3. Principal office address	City	State	Zip
410 South Main Street	Providence	RI	02903

4. Business Phone No.	5. State of Incorporation
401-621-5355	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
To hold title to and deal that certain real estate located at 410 South Main Street in Providence, RI

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Vincent R. Masino	226 South Main Street	Providence	RI	02903

Vice-President Name	Street Address	City	State	Zip
David F. Rampone	800 Scenic View Drive	Cumberland	RI	02864

Secretary Name	Street Address	City	State	Zip
Donato A. Bianco, Jr.	226 South Main Street	Providence	RI	02903

Treasurer Name	Street Address	City	State	Zip
John D. O'Reilly,III	1661 Worcester Road	Framingham	MA	01701

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Vincent R. Masino	226 South Main Street	Providence	RI	02903

Director Name	Street Address	City	State	Zip
David F. Rampone	800 Scenic View Drive	Cumberland	RI	02864

Director Name	Street Address	City	State	Zip
Donato A. Bianco, Jr.	226 South Main Street	Providence	RI	02903

Director Name	Street Address	City	State	Zip
John D. O'Reilly, III	1661 Worcester Road	Framingham	MA	01701

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SECRETARY OF STATE
CORPORATIONS DIV

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) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	No 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.

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.

Vincent R. Masino 2/11/14
Signature of Authorized Representative Date

VINCENT R. MASINO
Print or Type Name of Authorized Representative

File Date _____
Check No _____
By: _____

FILED
FEB 19 2014

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By 839
KMC

Form No. 630
Revised: 01/2012