



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 2015

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. 74740		2. Exact name of the Corporation 226 SOUTH MAIN STREET TITLE HOLDING COMPANY,			
3. Principal office address 410 SOUTH MAIN ST.		City PROVIDENCE	State RI	Zip 02903	
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island TO HOLD TITLE AND DEAL WITH CERTAIN REAL ESTATE LOCATED AT 226 SOUTH MAIN ST., PROVIDENCE, R					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
President Name VINCENT MASINO			Vice-President Name VICKI A VIRGILIO		
Street Address 14 SWEET PEA DR			Street Address 690 PONTIAC AVE		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02910
Secretary Name VICKI A VIRGILIO			Treasurer Name TIMOTHY WALSH		
Street Address 690 PONTIAC AVE			Street Address 20 FIELDSTONE DR		
City CRANSTON	State RI	Zip 02910	City COVENTRY	State RI	Zip 02816
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
Director Name VINCENT MASINO			Director Name VICKI A VIRGILIO		
Street Address 14 SWEET PEA DR			Street Address 690 PONTIAC AVE		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02910
Director Name TIMOTHY WALSH			Director Name		
Street Address 20 FIELDSTONE DR			Street Address		
City COVENTRY	State RI	Zip 02816	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	COMMON	NONE

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY.

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.

Handwritten: 1/15/15
 JAN 20 2015
 4536

Signature: [Signature]
 Signature of Authorized Representative
Date: January 19, 2015
 Date

VINCENT MASINO PRESIDENT

Print or Type Name of Authorized Representative