



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. 8167		2. Exact name of the Corporation THE MASK-OFF CORP.			
3. Principal office address 582 Manville Road			City Woonsocket	State RI	Zip 02895
4. Business Phone No. 401-232-0100			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island Manufacture of rubber silicone products					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Anthony F. Fandetti			Vice-President Name Karen F. Fandetti		
Street Address 582 Manville Road			Street Address 582 Manville Road		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Secretary Name Karen F. Fandetti			Treasurer Name Karen F. Fandetti		
Street Address 582 Manville Road			Street Address 582 Manville Road		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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			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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1,000	Common N/A	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.

File Date: _____
 Check No: _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
 JAN 20 2015
 6109

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.

Anthony F. Fandetti 1/15/15
 Signature of Authorized Representative Date
Anthony F. Fandetti, President
 Print or Type Name of Authorized Representative