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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.	2. Exact name of the Corporation
000105145	**M. Maslen, Inc.**

3. Principal office address	City	State	Zip
21 Sabin Street	**Pawtucket**	**RI**	**02860**

4. Business Phone No.	5. State of Incorporation
401-726-0101	**RI**

6. Brief description of the character of business conducted in Rhode Island
To engage in the operation of a silk screening business

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

President Name	Vice-President Name
Michael S. Maslen	
Street Address: **202 North Worcester Street**	Street Address:
City: **Norton** State: **MA** Zip: **02766**	City: State: Zip:
Secretary Name: **Michael S. Maslen**	Treasurer Name: **Michael S. Maslen**
Street Address: **202 North Worcester Street**	Street Address: **202 North Worcester Street**
City: **Norton** State: **MA** Zip: **02766**	City: **Norton** State: **MA** Zip: **02766**

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

Director Name	Director Name
Michael S. Maslen	
Street Address: **202 North Worcester Street**	Street Address:
City: **Norton** State: **MA** Zip: **02766**	City: State: Zip:
Director Name	Director Name
Street Address	Street Address
City: State: Zip:	City: State: Zip:

2015 MAR 26 AM 10: 11
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
1,000	Common	0

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
MAR 26 2015
By 245580
A.A. 10:14 A.M.

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.

Michael S. Maslen — **03/24/2015**
Signature of Authorized Representative — Date

Michael S. Maslen
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

118676-7-1013650