

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact na MASSA	2. Exact name of the limited liability company MASSA INDUSTRIES, LLC					
138415		,					
State of Formation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Real Est	Real Estate					
5. Principal office addr	ess		City	State	Zin		
512 Tuckerman Avenue			Middletown	RI	Zip 02842		
6. MAILING ADDRES	S OF LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT P	PERSON:			
Contact Name			Contact Title				
Shawn Bennett		Member					
Street Address 512 Tuckerman Avenue			City Middletown	State RI	Zip 02842		
7. LIST <u>ALL</u> MANAGE ("X" BOX FOR ATT	ERS (NAMES AND ADD ACHMENT) [PRESSES) OF THE	LIMITED LIABILITY COMPANY, II	F APPLICABLE - DO	NOT LIST MEMBERS		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
. RESIDENT AGENT	IN RHODE ISLAND	I	<u> </u>				
		Office of the Secu	etary of State. Changes require t	illing Form 642			
			out., o. otate. Onanges require i	nerig FUIII 042.			

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BY 10024

File Date	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that if the statements contained herein are true and correct.		
Check No	Show O'hung	12/0///	
Ву:	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY	Shawn Bennett		
. OH OLDHLIAM OF CIAIL DOL DILL	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012