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SECRETARY OF STATE
CORPORATIONS DIV
2016 APR 15 AM 8:31

State of Rhode Island and Providence Plantations
Department of State - Business Services Division
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: 2016

Filing period: January 1 - March 1
Filing Fee: $50.00 ***FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID Number	2. Exact name of the Corporation
000151636	MASTERMIND REALTY CORP

3. Principal Office Address	City	State	Zip
780 RESERVOIR AVE #182	CRANSTON	RI	02910

4. Business Phone Number	5. State of Incorporation
	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island

OWN, MARKET, SELL REAL ESTATE

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

	President	Vice-President
Name	MANILAY KHAMSYVORAVONG	MANILAY KHAMSYVORAVONG
Street Address	780 RESERVOIR AVE #185	780 RESERVOIR AVE #185
City	CRANSTON	CRANSTON
State	RI	RI
Zip	02910	02910

	Secretary	Treasurer
Name	MANILAY KHAMSYVORAVONG	MANILAY KHAMSYVORAVONG
Street Address	780 RESERVOIR AVE #185	780 RESERVOIR AVE #185
City	CRANSTON	CRANSTON
State	RI	RI
Zip	02910	02910

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

	Director	
Name	MANILAY KHAMSYVORAVONG	
Street Address	780 RESERVOIR AVE #185	
City	CRANSTON	
State	RI	
Zip	02910	

9. Shares Authorized

This information is currently of record in the Department of State. Changes require an additional filing.

10. Shares Issued — Check box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
2000	STOCK	0.01

11. 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.

Name of Authorized Representative	Date
MANILAY KHAMSYVORAVONG	03/30/2016

Signature of Authorized Representative

SIGN DOCUMENT HERE

FILED
APR 15 2016
By 272374 KM

Form No. 630
Revised: 2016

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