



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

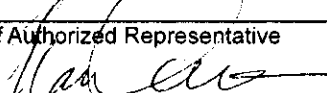
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RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2016 APR 15 AM 8:31

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 000151636		2. Exact name of the Corporation MASTERMIND REALTY CORP			
3. Principal Office Address 780 RESERVOIR AVE #182		City CRANSTON	State RI	Zip 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 Name MANILAY KHAMSYVORAVONG		Vice-President Name MANILAY KHAMSYVORAVONG			
Street Address 780 RESERVOIR AVE #185		Street Address 780 RESERVOIR AVE #185			
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
Secretary Name MANILAY KHAMSYVORAVONG		Treasurer Name MANILAY KHAMSYVORAVONG			
Street Address 780 RESERVOIR AVE #185		Street Address 780 RESERVOIR AVE #185			
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name MANILAY KHAMSYVORAVONG		Director Name			
Street Address 780 RESERVOIR AVE #185		Street Address			
City CRANSTON	State RI	Zip 02910	City	State	Zip
9. Shares Authorized		10. Shares Issued Check box to indicate an attachment ☐			
This information is currently of record in the Department of State. Changes require an additional filing.		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 MANILAY KHAMSYVORAVONG				Date 03/30/2016	
Signature of Authorized Representative  SIGN DOCUMENT HERE					

FILED
APR 15 2016
By 272374
KM