



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

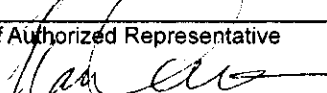
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RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2016 APR 15 AM 8:31

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 <b>000151636</b>		2. Exact name of the Corporation <b>MASTERMIND REALTY CORP</b>			
3. Principal Office Address <b>780 RESERVOIR AVE #182</b>		City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>	
4. Business Phone Number		5. State of Incorporation <b>RHODE ISLAND</b>			
6. Brief description of the character of business conducted in Rhode Island <b>OWN, MARKET, SELL REAL ESTATE</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>MANILAY KHAMSYVORAVONG</b>		Vice-President Name <b>MANILAY KHAMSYVORAVONG</b>			
Street Address <b>780 RESERVOIR AVE #185</b>		Street Address <b>780 RESERVOIR AVE #185</b>			
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>
Secretary Name <b>MANILAY KHAMSYVORAVONG</b>		Treasurer Name <b>MANILAY KHAMSYVORAVONG</b>			
Street Address <b>780 RESERVOIR AVE #185</b>		Street Address <b>780 RESERVOIR AVE #185</b>			
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>MANILAY KHAMSYVORAVONG</b>		Director Name			
Street Address <b>780 RESERVOIR AVE #185</b>		Street Address			
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<b>2000</b>	<b>STOCK</b>	<b>0.01</b>	
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. <b>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.</b>					
Name of Authorized Representative <b>MANILAY KHAMSYVORAVONG</b>				Date <b>03/30/2016</b>	
Signature of Authorized Representative  <span style="float: right;">SIGN DOCUMENT HERE</span>					

**FILED**  
**APR 15 2016**  
By 272374  
KM