



**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  
AMENDED

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV

2016 APR 22 AM 9:47

**Profit Corporation Annual Report for the year:** 2016 amend

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	
6364		Madast Corporation	
3. Principal Office Address		City	State
145 Corliss Street		Providence	RI
		Zip	02904
4. Business Phone Number		5. State of Incorporation	
401-421-8090		Rhode Island	
6. Brief description of the character of business conducted in Rhode Island			
Real Estate Rental			
7. List ALL officers (names and addresses)			Check the box to indicate an attachment <input type="checkbox"/>
President Name		Vice-President Name	
Steven W. Gregson			
Street Address		Street Address	
175 Shady Hill Drive			
City	State	Zip	
E. Greenwich	RI	02818	
Secretary Name		Treasurer Name	
Steven W. Gregson		Steven W. Gregson	
Street Address		Street Address	
175 Shady Hill Drive		175 Shady Hill Drive	
City	State	Zip	
E. Greenwich	RI	02818	
E. Greenwich	RI	02818	
8. List ALL directors (names and addresses)			Check the box to indicate an attachment <input type="checkbox"/>
Director Name		Director Name	
Steven W. Gregson			
Street Address		Street Address	
175 Shady Hill Drive			
City	State	Zip	
E. Greenwich	RI	02818	
9. Shares Authorized		10. Shares Issued	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		200	common
			PAR VALUE
	no par		
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		Date	
Steven W. Gregson <i>Steven W. Gregson</i>		4-14-16	
Signature of Authorized Representative		SIGN DOCUMENT HERE	
		9:47 AM	

**FILED**

APR 22-2016

By *[Signature]*



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

