



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

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 95669		2. Exact name of the Corporation R.P. Masiello, Inc.			
3. Principal Office Address 38 Main Street		City Boylston		State MA	Zip 01505
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island General Contracting Business			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David R. Masiello			Vice-President Name None		
Street Address Brooks Station Road			Street Address		
City Princeton	State MA	Zip 01541	City	State	Zip
Secretary Name / Clerk Kristin J. LeBlanc			Treasurer Name David R. Masiello		
Street Address 68 Michaels Lane			Street Address Brooks Station Road		
City Baldwinville	State MA	Zip 01436	City Princeton	State MA	Zip 01541
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David J. Masiello			Director Name		
Street Address Brooks Station Road			Street Address		
City Princeton	State MA	Zip 01541	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1000		Common	No Par Value
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 David R. Masiello, President					Date 01/12/17
Signature of Authorized Representative David R. Masiello					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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