



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:
Corporation2017

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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2017 FEB 24 AM 9:32

1. Entity ID Number <u>001027237</u>		2. Exact name of the Corporation <u>Cenz Corp.</u>			
3. Principal Office Address <u>4 Fox Place, Floor 2</u>		City <u>Providence</u>		State <u>RI</u>	Zip <u>02903</u>
4. NAICS Code <u>53</u>		6. Brief description of the character of business conducted in Rhode Island <u>REAL ESTATE DEVELOPMENT & INVESTMENT</u>			
5. State of Incorporation <u>Rhode Island</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Vincent J. Masolella</u>			Vice-President Name		
Street Address <u>4 Fox Place Floor 2</u>			Street Address		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02903</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>Vincent Masolella</u>			Director Name		
Street Address <u>4 Fox Place, Floor 2</u>			Street Address		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02903</u>	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		
			<u>1000</u>		PAR VALUE
					<u>0.01</u>
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 <u>Derek Masolella</u>					Date <u>2/24/2017</u>
Signature of Authorized Representative <u>[Signature]</u>					

FILED

SIGN DOCUMENT HERE

FEB 24 2017

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.govBY C14442198
A.A. 9:35 A.M.

FORM 630 - Revised: 02/2017