



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 74740		2. Exact name of the Corporation 226 SOUTH MAIN STREET TITLE HOLDING COMPANY			
3. Principal Office Address 410 SOUTH MAIN ST			City PROVIDENCE	State RI	Zip 02903
4. NAICS Code 53 - Real Estate and Rental and		6. Brief description of the character of business conducted in Rhode Island TO HOLD TITLE AND DEAL WITH CERTAIN REAL ESTATE LOCATED AT 226 SOUTH MAIN ST., PROVIDENCE, RI			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name VINCENT MASINO			Vice-President Name VICKI A. VIRGILIO		
Street Address 14 SWEET PEA DR			Street Address 690 PONTIAC AVE		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02910
Secretary Name VICKI A. VIRGILIO			Treasurer Name TIMOTHY WALSH		
Street Address 690 PONTIAC AVE			Street Address 20 FIELDSTONE DR		
City CRANSTON	State RI	Zip 02910	City COVENTRY	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name VINCENT MASINO			Director Name VCKI A. VIRGILIO		
Street Address 14 SWEET PEA DR			Street Address 690 PONTIAC AVE		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02910
Director Name TIMOTHY WALSH			Director Name		
Street Address 20 FIELDSTONE DR			Street Address		
City COVENTRY	State RI	Zip 02816	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
			200	COMMON	NO PR
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 VINCENT MASINO PRESIDENT				Date 3/7/17	
Signature of Authorized Representative 					

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

FILED

MAR 15 2017

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