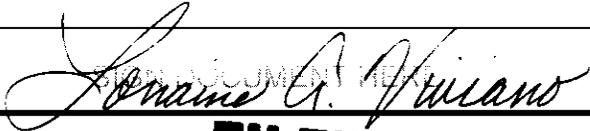




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 80709		2. Exact name of the Corporation Manasett Corporation			
3. Principal Office Address 90 Elm Street			City Providence	State RI	Zip 02903
4. NAICS Code 55 - Management of Companies		6. Brief description of the character of business conducted in Rhode Island Business and investment management services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Paul W. Whyte			Vice-President Name Paul W. Whyte		
Street Address 83F Nipmuc Trail			Street Address 83F Nipmuc Trail		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Secretary Name Lorraine A. Viviano			Treasurer Name Paul W. Whyte		
Street Address 39 Villa Avenue			Street Address 83F Nipmuc Trail		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Murray S. Danforth III			Director Name Pauline C. Metcalf		
Street Address 17 Lloyd Avenue			Street Address 375 Mail Road		
City Providence	State RI	Zip 02906	City Exeter	State RI	Zip 02822
Director Name Paul W. Whyte			Director Name		
Street Address 83F Nipmuc Trail			Street Address		
City North Providence	State RI	Zip 02904	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
		500		Common	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. 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 Lorraine A. Viviano					Date 3-16-17
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 20 2017

FORM 630 - Revised: 10/2016

BY 5847 DS