State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

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	2. Exact name of the Corporation
51823	MAYO CORPORATION

3. Principal Office Address	City	State	Zip
628 METACOM AVENUE	WARREN	RI	02885

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531390	REAL ESTATE
5. State of Incorporation: RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: ERNEST G. MAYO			Vice-President Name: ERNEST G. MAYO		
Street Address: 6 SCOTT COURT			Street Address: 6 SCOTT COURT		
City: WARREN	State: RI	Zip: 02885	City: WARREN	State: RI	Zip: 02885
Secretary Name: ERNEST G. MAYO			Treasurer Name: ERNEST G. MAYO		
Street Address: 6 SCOTT COURT			Street Address: 6 SCOTT COURT		
City: WARREN	State: RI	Zip: 02885	City: WARREN	State: RI	Zip: 02885

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: ERNEST G. MAYO			Director Name		
Street Address: 6 SCOTT COURT			Street Address		
City: WARREN	State: RI	Zip: 02885	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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	100	COMMON	NO PAR
Changes require an additional filing.			

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	Date
ERNEST G. MAYO	JANUARY 5, 2018

Signature of Authorized Representative: Ernest G. Mayo — SIGN DOCUMENT HERE

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

JAN 10 2018

3013 05

FORM 630 - Revised: 10/2017