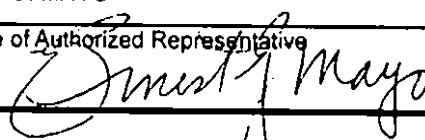




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 51823		2. Exact name of the Corporation MAYO CORPORATION			
3. Principal Office Address 628 METACOM AVENUE		City WARREN		State RI	Zip 02885
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island 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 Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued Check the box to indicate an attachment ☐					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		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 ERNEST G. MAYO					Date JANUARY 5, 2018
Signature of Authorized Representative 					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

3043 DS

FORM 630 - Revised: 10/2017