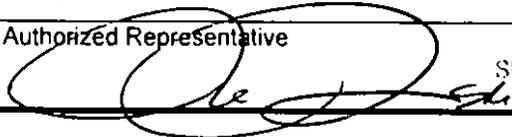




**Department of State - Business Services Division**

**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 <b>119542</b>		2. Exact name of the Corporation <b>MASTERTON FURNITURE, INC.</b>			
3. Principal Office Address <b>1177 CENTRAL AVENUE</b>			City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02861</b>
4. NAICS Code <b>442110</b>		6. Brief description of the character of business conducted in Rhode Island <b>PURCHASE AND SALE OF FURNITURE</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>RONALD PARIS, SR</b>			Vice-President Name <b>SCOTT PARIS</b>		
Street Address <b>80 WILD ACRES DRIVE</b>			Street Address <b>80 WILD ACRES DRIVE</b>		
City <b>NORTH ATTLEBORO</b>	State <b>MA</b>	Zip <b>02760</b>	City <b>NORTH ATTLEBORO</b>	State <b>MA</b>	Zip <b>02760</b>
Secretary Name <b>RONALD PARIS, JR</b>			Treasurer Name <b>RONALD PARIS, SR</b>		
Street Address <b>38 HARMEN AVENUE</b>			Street Address <b>80 WILD ACRES DRIVE</b>		
City <b>SEEKONK</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>NORTH ATTLEBORO</b>	State <b>MA</b>	Zip <b>02760</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>RONALD PARIS, SR</b>			Director Name		
Street Address <b>80 WILD ACRES DRIVE</b>			Street Address		
City <b>NORTH ATTLEBORO</b>	State <b>MA</b>	Zip <b>02760</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		COMMON
					PAR VALUE
					NO PAR VALUE
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.					
<i>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.</i>					
Name of Authorized Representative <b>RONALD PARIS, SR</b>					Date <b>1-24-18</b>
Signature of Authorized Representative 					

SIGN DOCUMENT HERE **FILED** *OL*

**JAN 29 2018**

BY 12063