State of Rhode Island
and Providence Plantations
*Office of the Secretary of State*

[redacted] *Secretary of State*
*Corporations Division*
*148 W. River Street*
*Providence, RI 02904-2615*
*401.222.3040*

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2018

**Filing Period:** September 1 - November 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(c)) is subject to a penalty fee of $25.00*

| 1. ID No. | 2. Exact name of the limited liability company |
|---|---|
| 83766 | MASBRO, L.L.C. |

| 3. State of Formation | 4. Brief description of the character of the business which is actually conducted in Rhode Island |
|---|---|
| RI | TO ENGAGE IN BUYING, OWNING AND MANAGING REAL ESTATE (531110) |

| 5. Principal office address | City | State | Zip |
|---|---|---|---|
| 5 LORI ELLEN DR. | SMITHFIELD | RI | 02917-2313 |

**6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:**

| Contact Name | Contact Title |
|---|---|
| THOMAS MASSO | PRES. |

| Mailing Address | City | State | Zip |
|---|---|---|---|
| 5 LORI ELLEN DR. | SMITHFIELD | RI | 02917-2313 |

**7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS**
**FILL IN SPACES BEFORE USING ATTACHMENTS** ("X" BOX FOR ATTACHMENT) ☐

| Manager Name | Manager Name |
|---|---|
| Street Address | Street Address |
| City / State / Zip | City / State / Zip |
| Manager Name | Manager Name |
| Street Address | Street Address |
| City / State / Zip | City / State / Zip |

**8. RESIDENT AGENT IN RHODE ISLAND**
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

**FILED**
AUG 21 2018
BY 1835

*This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).*

[redacted]

[redacted]

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.

Thomas Masso 8-20-18
*Signature of Authorized Person* *Date*

[redacted]

THOMAS MASSO
*Print or Type Name of Authorized Person*

*File Date* _____
*Check No.* _____
*By* _____
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 08/08