RI SOS Filing Number: 201877552630 Date: 9/14/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

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
74740	226 SOUTH MAIN STREET TITLE HOLDING COMPANY

3. Principal Office Address	City	State	Zip
410 SOUTH MAIN STREET	PROVIDENCE	RI	02903

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531120	TO HOLD TITLE AND DEAL WITH CERTAIN REAL ESTATE LOCATED AT 226 SOUTH MAIN STREET, PROVIDENCE, RI
5. State of Incorporation	
RHODE ISLAND	

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

President Name	Street Address	City	State	Zip
VINCENT MASINO	14 SWEET PEA DRIVE	CRANSTON	RI	02921

Vice-President Name	Street Address	City	State	Zip
VICKI A. VIRGILIO	690 PONTIAC AVENUE	CRANSTON	RI	02910

Secretary Name	Street Address	City	State	Zip
VICKI A. VIRGILIO	690 PONTIAC AVENUE	CRANSTON	RI	02910

Treasurer Name	Street Address	City	State	Zip
TIMOTHY WALSH	20 FIELDSTONE DRIVE	COVENTRY	RI	02816

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

Director Name	Street Address	City	State	Zip
VINCENT MASINO	14 SWEET PEA DRIVE	CRANSTON	RI	02921

Director Name	Street Address	City	State	Zip
VICKI A. VIRGILIO	690 PONTIAC AVENUE	CRANSTON	RI	02910

Director Name	Street Address	City	State	Zip
TIMOTHY WALSH	20 FIELDSTONE DRIVE	COVENTRY	RI	02816

Director Name	Street Address	City	State	Zip

9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	COMMON	NO PR

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
Vincent Masino	SEPTEMBER 14, 2018

Signature of Authorized Representative

SIGN DOCUMENT HERE

FILED

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

SEP 14 2018
BY 4454 DS

FORM 630 - Revised: 10/2017