


**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2019**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>13092</b>		2. Exact name of the Corporation <b>J.P. MASSEI HOME IMPROVEMENTS INC.</b>													
3. Principal office address <b>27 Norton St.</b>				City <b>Pawtucket</b>		State <b>RI</b>		Zip <b>02860</b>							
4. Business Phone No. <b>401-724-7809</b>				5. State of Incorporation <b>R.I.</b>											
6. Brief description of the character of business conducted in Rhode Island <b>Home improvements and related activities.</b> <div style="text-align: right; font-size: 1.2em;">(2361187)</div>															
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>															
President Name <b>James P. Massei</b>					Vice-President Name <b>James P. Massei</b>										
Street Address <b>27 Norton St.</b>					Street Address <b>27 Norton St.</b>										
City <b>Pawtucket</b>		State <b>RI</b>		Zip <b>02860</b>		City <b>Pawtucket</b>		State <b>RI</b>		Zip <b>02860</b>					
Secretary Name <b>Debra Lee Massei</b>					Treasurer Name <b>Debra Lee Massei</b>										
Street Address <b>27 Norton St.</b>					Street Address <b>27 Norton St.</b>										
City <b>Pawtucket</b>		State <b>RI</b>		Zip <b>02860</b>		City <b>Pawtucket</b>		State <b>RI</b>		Zip <b>02860</b>					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>															
Director Name					Director Name										
Street Address					Street Address										
City		State		Zip		City		State		Zip					
Director Name					Director Name										
Street Address					Street Address										
City		State		Zip		City		State		Zip					
9. SHARES AUTHORIZED										10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.										NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
										100		Common.		No par.	

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.

File Date _____
Check No _____
By: _____
<b>FOR SECRETARY OF STATE USE ONLY</b>

**FILED**  
**JAN 28 2019**  
**7173**

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.

Signature of Authorized Representative

**James P. Massei**

Print or Type Name of Authorized Representative

**2/25/18**  
 Date