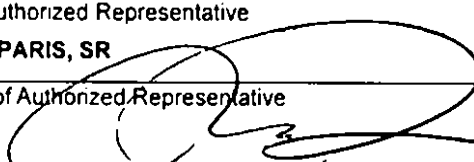




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019
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 119542		2. Exact name of the Corporation MASTERSON FURNITURE, INC.			
3. Principal Office Address 1177 CENTRAL AVENUE			City PAWTUCKET	State RI	Zip 02861
4. NAICS Code 442110		6. Brief description of the character of business conducted in Rhode Island PURCHASE AND SALE OF FURNITURE			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name RONALD PARIS, SR			Vice-President Name SCOTT PARIS		
Street Address 80 WILD ACRES DRIVE			Street Address 80 WILD ACRES DRIVE		
City NORTH ATTLEBORO	State MA	Zip 02760	City NORTH ATTLEBORO	State MA	Zip 02760
Secretary Name RONALD PARIS, JR			Treasurer Name RONALD PARIS, SR		
Street Address 38 HARMEN AVENUE			Street Address 80 WILD ACRES DRIVE		
City SEEKONK	State MA	Zip 02771	City NORTH ATTLEBORO	State MA	Zip 02760
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name RONALD PARIS, SR			Director Name		
Street Address 80 WILD ACRES DRIVE			Street Address		
City NORTH ATTLEBORO	State MA	Zip 02760	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		COMMON
					NO PAR VALUE
			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 RONALD PARIS, SR				Date 1-31-19	
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

FILED
FEB 04 2019
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