



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

FILED

Annual Report for the year: 2019
Corporation

FEB 11 2019

BY 25440

- 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 1667083		2. Exact name of the Corporation MAYSTAR REALTY CORPORATION			
3. Principal Office Address 39 Prospect Street			City Foxboro	State MA	Zip 02035
4. NAICS Code 212321		6. Brief description of the character of business conducted in Rhode Island Building and remodeling			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Gregory P. Spier			Vice-President Name Kathy Spier		
Street Address 39 Prospect Street			Street Address 39 Prospect Street		
City Foxboro	State MA	Zip 02035	City Foxboro	State MA	Zip 02035
Secretary Name Gregory P. Spier			Treasurer Name Gregory P. Spier		
Street Address 39 Prospect Street			Street Address 39 Prospect Street		
City Foxboro	State MA	Zip 02035	City Foxboro	State MA	Zip 02035
8. List ALL directors (names and addresses) Check the box to indicate an 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 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	
		1000		Common	
				PAR VALUE	
				No Par	
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 Gregory P. Spier, President				Date 1/16/19	
Signature of Authorized Representative SIGN DOCUMENT HERE					

MAIL TO:
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