



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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2019 MAR 29 AM 9:16

1. Entity ID Number 000151636		2. Exact name of the Corporation Mastermind Realty Corp			
3. Principal Office Address 780 Reservoir Ave #182			City Cranston	State RI	Zip 02910
4. NAICS Code 531190	6. Brief description of the character of business conducted in Rhode Island Own, Market, Sell Real Estate				
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 Manilay Khamisyvoravong			Vice-President Name Manilay Khamisyvoravong		
Street Address 780 Reservoir Ave #185			Street Address 780 Reservoir Ave #185		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Manilay Khamisyvoravong			Treasurer Name Manilay Khamisyvoravong		
Street Address 780 Reservoir Ave #185			Street Address 780 Reservoir Ave #185		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Manilay Khamisyvoravong			Director Name		
Street Address 780 Reservoir Ave #185			Street Address		
City Cranston	State RI	Zip 02910	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		PAR VALUE
			2000	STOCK	0.01
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 Manilay Khamisyvoravong				Date 03-29-2019	
Signature of Authorized Representative					

FILED

MAR 29 2019

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BY cu ck 1474