



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

**FILED**

STAMP

FEB 10 2020

**ANNUAL REPORT FOR THE YEAR 2020****Corporation**

- Filing Period: January 1 - March 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by April 1

BY

60655  
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1. Corporate ID No. 000159594		2. Name of Corporation MAS Building & Bridge, Inc.			
3. Street Address Principal Business Office 18 Sharon Avenue			City Norfolk	State MA	Zip 02056
4. NAICS Code 237310		5. State of Incorporation Massachusetts			
6. Brief Description of the Character of Business Conducted in Rhode Island general construction					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael Socci			Vice President Name		
Street Address 18 Sharon Avenue			Street Address		
City Norfolk	State MA	Zip 02056	City	State	Zip
Secretary Name Michael Socci			Treasurer Name Michael Socci		
Street Address 18 Sharon Avenue			Street Address 18 Sharon Avenue		
City Norfolk	State MA	Zip 02056	City Norfolk	State MA	Zip 02056
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael Socci			Director Name		
Street Address 18 Sharon Avenue			Street Address		
City Norfolk	State MA	Zip 02056	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			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.			ISSUED SHARES - THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			10,000 shares common stock of no 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.

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

Michael Socci

Print or Type Name

President

Title

Date

1/14/20

MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040