



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

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

Annual Report for the year: 2020
Corporation

2020 FEB 26 P 2:39

- 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 75014	2. Exact name of the Corporation 410 South Main Street Title Holding Company, Inc.
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3. Principal Office Address 410 South Main Street	City Providence	State RI	Zip 02903
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4. NAICS Code 531390	6. Brief description of the character of business conducted in Rhode Island To hold title to and deal that certain real estate located at 410 South Main Street in Providence, RI.
5. State of Incorporation RI	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Vincent R. Masino		Vice-President Name David F. Rampone			
Street Address 226 South Main Street		Street Address 800 Scenic View Drive			
City Providence	State RI	Zip 02903	City Cumberland	State RI	Zip 02864
Secretary Name Danato A. Bianco, Jr.		Treasurer Name John D. O'Reilly, III			
Street Address 226 South Main Street		Street Address 1661 Worcester Road			
City Providence	State RI	Zip 02903	City Framingham	State MA	Zip 01701

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Vincent R. Masino		Director Name David F. Rampone			
Street Address 226 South Main Street		Street Address 800 Scenic View Drive			
City Providence	State RI	Zip 02903	City Cumberland	State RI	Zip 02864
Director Name Danato A. Bianco, Jr.		Director Name John D. O'Reilly, III			
Street Address 226 South Main Street		Street Address 1661 Worcester Road			
City Providence	State RI	Zip 02903	City Framingham	State MA	Zip 01701

9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.	10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	100		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.

Name of Authorized Representative VINCENT MASINO	Date 2-12-20
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Signature of Authorized Representative 	SIGN DOCUMENT FILED
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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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