



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

STACAF

FILED

FEB 05 2021

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1. Entity ID Number 95669		2. Exact name of the Corporation R.P. Masiello, Inc.		BY _____	
3. Principal Office Address 38 Main Street			City Boylston	State MA	Zip 01505
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island General Contracting Business			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name David R. Masiello			Vice-President Name None		
Street Address Brooks Station Road			Street Address		
City Princeton	State MA	Zip 01541	City	State	Zip
Secretary Name Clerk/Kristin J. LeBlanc			Treasurer Name David R. Masiello		
Street Address 65 Michaels Lane			Street Address Brooks Station Road		
City Baldwinville	State MA	Zip 01436	City Princeton	State MA	Zip 01541
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name David R. Masiello			Director Name		
Street Address Brooks Station Road			Street Address		
City Princeton	State MA	Zip 01541	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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			1000		Common
					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 David R. Masiello, President					Date 1.27.2021
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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