



State of Rhode Island
Department of State - Business Services Division

FIL - D

FEB 12 2021

B' MSAY-OS

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.

1. Entity ID Number 59685	2. Exact name of the Corporation MASI REALTY, INC.
------------------------------	---

3. Principal Office Address 100 Federal Way	City Johnston	State RI	Zip 02919
--	------------------	-------------	--------------

4. NAICS Code 531190	6. Brief description of the character of business conducted in Rhode Island OWNING, LEASING AND OPERATION OF REAL ESTATE
-------------------------	---

5. State of Incorporation Rhode Island	Check the box to indicate an attachment <input type="checkbox"/>
---	--

7. List ALL officers (names and addresses)	
President Name Nicholas Masi	Vice-President Name Elaine Masi

Street Address 100 Federal Way	Street Address 100 Federal Way
City Johnston	City Johnston
State RI	State RI
Zip 02919	Zip 02919

Secretary Name Elaine Masi	Treasurer Name Nicholas Masi
-------------------------------	---------------------------------

Street Address 100 Federal Way	Street Address 100 Federal Way
City Johnston	City Johnston
State RI	State RI
Zip 02919	Zip 02919

8. List ALL directors (names and addresses)	
Director Name Joanna Koutsoukos	Director Name Elaine Masi

Street Address 100 Federal Way	Street Address 100 Federal Way
City Johnston	City Johnston
State RI	State RI
Zip 02919	Zip 02919

Director Name None	Director Name None
-----------------------	-----------------------

Street Address	Street Address
City	City
State	State
Zip	Zip

9. Shares Authorized	10. Shares Issued	
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES
Changes require an additional filing.	200	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 Nicholas Masi	Date 2.9.21
--	----------------

Signature of Authorized Representative