RI SOS Filing Number: 202193270590 Date: 2/26/2021 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Corporation → Filing period: January 1 - March 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1.			ALCENVED - RULDEPT OF STATE				
				BUS SYOS NIV			
			2021 FEB 26 AM 9: 25				
Entity ID Number	2. Exact nam	2. Exact name of the Corporation					
000151636	Mastermino	Realty Corp					
3. Principal Office Address			City		State	Zip	
780 Reservoir Ave #182			Cranston		RI	02910	
4. NAICS Code			cter of business o	conducted in Rhode	Island		
531190	Own, Mark	Own, Market, Sell Real Estate					
State of Incorporation							
Rhode Island							
List ALL officers (names a President Name	nd addresses)		lve o	Chec	k the box to indic	ate an attachment	
Manilay Khai	Vice-President Name Manilay Khamsyvoravong						
Street Address 780 Reservoir Ave #185			Street Address 780 Reservoir Ave #185				
City Cranston	State R1	^{Z₁p} 02910	City Cranston		State RI	Zip 02910	
Secretary Name Manilay Khai	Treasurer Name Manilay Khamsyvoravong						
Street Address 780 Reservoir Ave #185			Street Address 780 Reservoir Ave #185				
City Cranston	State RI	Zip 02910	City Cranston		State R1	Zip 02910	
8. List ALL directors (names	and addresses)				k the box to indic	ate an attachment	
Director Name Manilay Kham	isyvoravong		Director Name	9			
Street Address 780 Reservoir	Ave #185		Street Address	s			
City Cranston	State R1	Zip 02910	City		State	Zıp	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zıp	
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/SFRI STOCK		PAR VALUE	
		2000	2000		0.01		
11. This report must be succe							
 This report must be executively this report must be executively. 	xecuted on behalf of xecuted on behalf of	corporation by an a the corporation by	authorized repres the receiver or tr	sentative. If the corp rustee.	oration is in the i	hands of a receiver or	
Under penalty of perjury, I statements, and that all sta	declare and affirm tements contained	that I have examin	ed this report, in	ncluding any acco	mpanying sche	dules and	
Name of Authorized Representative				· <u> </u>	Date		
Manilay Khamsyyoravong				February 26, 2021			
Signature of Authorized Repr	esentative		F	ILED			
MAIL TO:				2 6 2021			
********** [/				/ n /ll/1			

Division of Business Services

148 W River Street. Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov