



State of Rhode Island  
**Department of State - Business Services Division**

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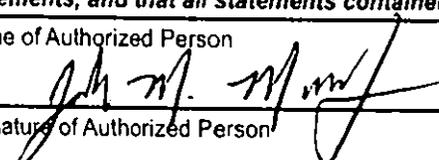
SEP 21 2021

FOR SECRETARY OF STATE USE ONLY

BY 3215  


Annual Report for the year: 2021  
**Limited Liability Company**

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

|   |       |  |                    |                           |     |
|---|-------|--|--------------------|---------------------------|-----|
| 1. Entity ID Number<br><b>164141</b>  |       | 2. Exact name of the Limited Liability Company<br><b>MASSUD ENTERPRISES LLC</b>  |                    |                           |     |
| 3. NAICS Code<br><b>531120</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><br><b>to own and develop real estate</b> |                    |                           |     |
| 5. State of Formation<br><b>Rhode Island</b>  |       |  |                    |                           |     |
| 6. Principal Office Address<br><b>772 Dexter Street</b>   |       | City<br><b>Central Falls</b>   | State<br><b>RI</b> | Zip<br><b>02863-0000</b>  |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |  |                    |                           |     |
| Contact Name<br><b>Joseph M Mansueti</b>  |       | Contact Title<br><b>Manager</b>  |                    |                           |     |
| Street Address<br><b>772 Dexter Street</b>  |       | City<br><b>Central Falls</b>   | State<br><b>RI</b> | Zip<br><b>02863-0000</b>  |     |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |       |  |                    |                           |     |
| Manager Name<br><b>N/A</b>  |       | Manager Name   |                    |                           |     |
| Street Address  |       | Street Address   |                    |                           |     |
| City  | State | Zip  | City               | State                     | Zip |
| Manager Name  |       | Manager Name   |                    |                           |     |
| Street Address  |       | Street Address   |                    |                           |     |
| City  | State | Zip  | City               | State                     | Zip |
| Check the box to indicate an attachment <input type="checkbox"/>  |       |  |                    |                           |     |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |       |  |                    |                           |     |
| <b>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.</b> |       |  |                    |                           |     |
| Name of Authorized Person<br><b>Joseph M Mansueti</b>   |       |  |                    | Date<br><b>09/07/2021</b> |     |
| Signature of Authorized Person<br>   |       |  |                    | <b>Manager</b>            |     |

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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