



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP
 RECEIVED
 SECRETARY OF STATE
 BUSINESS SERVICES DIVISION
 2023 FEB 21 11:10:23

1. Entity ID Number 000159594		2. Exact name of the Corporation MAS Building & Bridge, Inc.			
3. Principal Office Address 18 Sharon Avenue			City Norfolk	State MA	Zip 02056
4. NAICS Code 237310		6. Brief description of the character of business conducted in Rhode Island general construction			
5. State of Incorporation MA					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Michael Socci			Vice-President Name		
Street Address 18 Sharon Avenue			Street Address		
City Norfolk	State MA	Zip 02056	City	State	Zip
Secretary Name Michael Socci			Treasurer Name Michael Socci		
Street Address 18 Sharon Avenue			Street Address 18 Sharon Avenue		
City Norfolk	State MA	Zip 02056	City Norfolk	State MA	Zip 02056
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Michael Socci			Director Name		
Street Address 18 Sharon Avenue			Street Address		
City Norfolk	State MA	Zip 02056	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		10000 Common with 0.00 Par			
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.					
<i>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.</i>					
Name of Authorized Representative Michael Socci				Date 2/4/23	
Signature of Authorized Representative <i>Michael Socci</i>				FILED	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
FEB 21 2023
BY ML 222 SJ