RI SOS Filing Number: 202330431530 Date: 3/9/2023 4:00:00 PM



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.

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Entity ID Number	12 Evact name	of the Compration	<u> </u>	. .		<u>-</u>		
95669	2. Exact name of the Corporation R.P. Masiello, Inc.							
	Trans Ivias		Ioa		10:	I Tr		
3. Principal Office Address 38 Main Street		City		State	Zip 01505			
			Boylston		MA	01505		
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island							
238990	General Construction Business							
5. State of Incorporation]							
MA	<u> </u>							
7. List ALL officers (names and add	dresses)				he box to in	ndicate an attachment 🔲		
President Name David R. Mass	iello		Vice-President Name None					
Street Address Brooks Station Road		Street Address						
^{City} Princeton	State MA	^{Ζιρ} 01541	City		State	Zıp		
Secretary Name Clerk/Kristin J.				Treasurer Name David R. Massiello				
Street Address 65 Michaels Lane		Street Address Brooks Station Road						
^{City} Princeton	State MA	^{Zip} 01541	City Princeton		State MA	^{z p} 01541		
List ALL directors (riames and addresses)				Check the box to indicate an attachment				
Director Name David R. Massiello		Director Name						
Street Address Brooks Station Road		Street Address						
^{City} Princeton	State MA	^{Zip} 01541	City		State	Ζιρ		
Director Name			Director Name	Director Name				
Street Address		Street Address						
City	State	Zıp	City		State	Zıp		
9. Shares Authorized		10. Shares Iss			he box to ir	ndicate an attachment 🔲		
This information is currently of reco Department of State.	rd in the	NUMBER OF	SHARES	CLASS/SERIES		PAR VALUE		
·		1000		Common		no par value		
Changes require an additional filing	•							
11. This report must be executed of	n behalf of the o	corporation by an a	uthorized repres	sentative. If the corpor	ation is in t	he hands of a receiver or		
trustee, this report must be execute	ed on behalf of t	the corporation by	the receiver or to	rustee.				
Under penalty of perjury, I decla statements, and that all stateme				ncluding any accom	panying so	chedules and		
Name of Authorized Representative Date								
David R. Massiello. President 3 / 27								
Signature of Authorized Representative								
MAIL TO:					•			

Division of Business Services

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

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