



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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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 MAR 10 AM 11:39

1. Entity ID Number 001085517		2. Exact name of the Corporation Massimoto Media Inc.	
3. Principal Office Address 922 NARRAGANSETT PKWY		City WARWICK	State RI
		Zip 02888	
4. NAICS Code 512110	6. Brief description of the character of business conducted in Rhode Island MARKETING/ADVERTISING/MEDIA		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name JOHN PAPA		Vice-President Name KATY MAGEE	
Street Address 922 NARRAGANSETT PKWY		Street Address 922 NARRAGANSETT PKWY	
City WARWICK	State RI	Zip 02888	City WARWICK
			State RI
			Zip 02888
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		51	CWP
		PAR VALUE	0.0010
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 KATY MAGEE			Date 3/10/2023
Signature of Authorized Representative 			

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

FILED

MAR 10 2023
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