



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

 RECEIVED
 RI DEPT. OF STATE
 BUS SVCS DIV

1. Entity ID Number 001085517		2. Exact name of the Corporation Massimoto Media Inc.		2023 MAR 10 A 11: 39							
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>51</td> <td>CWP</td> <td>0.0010</td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	51	CWP	0.0010
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51	CWP	0.0010									
Changes require an additional filing.											
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

FORM 630 - Revised: 2/2023

MAR 10 2023

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