



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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2023 APR 21 A 9 40

1. Entity ID Number 000151636		2. Exact name of the Corporation Mastermind Realty Corp	
3. Principal Office Address 780 Reservoir Ave #182		City Cranston	State RI
		Zip 02910	
4. NAICS Code 531190	6. Brief description of the character of business conducted in Rhode Island Own. Market. Sell Real Estate		
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 Manilay Khamsyvoravong		Vice-President Name Manilay Khamsyvoravong	
Street Address 780 Reservoir Ave #185		Street Address 780 Reservoir Ave #185	
City Cranston	State RI	Zip 02910	City Cranston
			State RI
			Zip 02910
Secretary Name Manilay Khamsyvoravong		Treasurer Name Manilay Khamsyvoravong	
Street Address 780 Reservoir Ave #185		Street Address 780 Reservoir Ave #185	
City Cranston	State RI	Zip 02910	City Cranston
			State RI
			Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Manilay Khamsyvoravong		Director Name	
Street Address 780 Reservoir Ave #185		Street Address	
City Cranston	State RI	Zip 02910	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	
		C. ASS/SERIES	
		PAR VALUE	
		2000	STOCK
			0.01
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 Manilay Khamsyvoravong		Date April 21, 2023	
Signature of Authorized Representative		FILED	

APR 21 2023
BY SWBRW
9:40

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