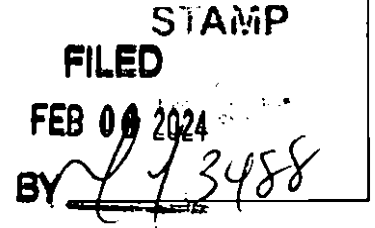




State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Limited Liability Company

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



1. Entity ID Number 164141		2. Exact name of the Limited Liability Company MASSUD ENTERPRISES LLC	
3. NAICS Code 531120		4. Brief description of the character of business conducted in Rhode Island to own and develop real estate	
5. State of Formation Rhode Island			
6. Principal Office Address 772 Dexter Street		City Central Falls	State RI
Zip 02863-0000			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Michael A. Massud		Contact Title Manager	
Street Address 772 Dexter Street		City Central Falls	State RI
Zip 02863-0000			
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. 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 Person Michael A. Massud		Date 1/04/2024	
Signature of Authorized Person Michael A. Massud			

MAIL TO:

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