



State of Rhode Island
Department of State - Business Services Division

MAY 01 2024
6123

Annual Report for the year: 2024

Corporation

- 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 000087703		2. Exact name of the Corporation MAI TAI INVESTMENTS INC			
3. Principal Office Address 159 BATES TRAIL		City WEST GREENWICH		State RI	Zip 02817
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island RESIDENTIAL LESSOR			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MARK A IACONO			Vice-President Name		
Street Address 159 BATES TRAIL			Street Address		
City WEST GREENWICH	State RI	Zip 02817	City	State	Zip
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 MARK A IACONO			Director Name		
Street Address 159 BATES TRAIL			Street Address		
City WEST GREENWICH	State RI	Zip 02817	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
			100		COMMON
					PAR VALUE
					NO PAR
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 MARK A IACONO					Date 4/19/2024
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov