State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

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

FILED
FEB 05 2025
BY 4092

AA-

1. Entity ID Number	2. Exact name of the Corporation
000051823	MAYO CORPORATION

3. Principal Office Address	City	State	Zip
628 METACOM AVE.	WARREN	RI	02885

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531390	REAL ESTATE
5. State of Incorporation	
RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
ERNEST G. MAYO	ERNEST G. MAYO
Street Address: 6 SCOTT COURT	Street Address: 6 SCOTT COURT
City: WARREN, State: RI, Zip: 02885	City: WARREN, State: RI, Zip: 02885
Secretary Name: ERNEST G. MAYO	Treasurer Name: ERNEST G. MAYO
Street Address: 6 SCOTT COURT	Street Address: 6 SCOTT COURT
City: WARREN, State: RI, Zip: 02885	City: WARREN, State: RI, Zip: 02885

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
ERNEST G. MAYO	
Street Address: 6 SCOTT COURT	Street Address:
City: WARREN, State: RI, Zip: 02885	City, State, Zip:
Director Name	Director Name
Street Address	Street Address
City, State, Zip	City, State, Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	COMMON	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	Date
ERNEST G. MAYO	FEBRUARY 3, 2025

Signature of Authorized Representative: Ernest G. Mayo

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