



State of Rhode Island  
Department of State - Business Services Division

FIELD

Annual Report for the year:  
Corporation

2025

FEB 13 2025

BY 7654

- 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 13092		2. Exact name of the Corporation J.P. MASSEI Home Improvements INC.			
3. Principal Office Address 27 NORTON ST		City PAWTUCKET		State RI	Zip 02860
4. NAICS Code 230118		6. Brief description of the character of business conducted in Rhode Island Home Improvements			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name JAMES P. MASSEI			Vice-President Name SAME		
Street Address 27 NORTON ST.			Street Address		
City PAWTUCKET	State RI	Zip 02860	City	State	Zip
Secretary Name DEBRA L. MASSEI			Treasurer Name SAME		
Street Address 27 NORTON ST			Street Address		
City PAWTUCKET	State RI	Zip 02860	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES 100	CLASS/SERIES 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 James P. Massey				Date 3/8/24	
Signature of Authorized Representative					