



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 24 2025
BY 10800

1. Entity ID Number 59685		2. Exact name of the Corporation Masi Realty, Inc.			
3. Principal Office Address 100 Federal Way		City Johnston		State RI	Zip 02919
4. NAICS Code 531190		6. Brief description of the character of business conducted in Rhode Island Owning, leasing and operation of real estate			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Nicholas Masi			Vice-President Name Elaine Masi		
Street Address 100 Federal Way			Street Address 100 Federal Way		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Elaine Masi			Treasurer Name Nicholas Masi		
Street Address 100 Federal Way			Street Address 100 Federal Way		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Nicholas Masi			Director Name Elaine Masi		
Street Address 100 Federal Way			Street Address 100 Federal Way		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
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			
		200	Common	No Par Value	
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 Nicholas Masi					Date 2-15-25
Signature of Authorized Representative 					

MAIL TO:
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