

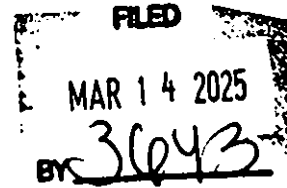
State of Rhode Island
Department of State - Business Services Division


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.



1 Entity ID Number 000105145		2. Exact name of the Corporation M. MASLEN, INC.				
3 Principal Office Address 21 SABIN STREET #2		City PAWTUCKET		State RI	Zip 02860-1447	
4 NAICS Code 339900		6. Brief description of the character of business conducted in Rhode Island				
5 State of Incorporation RI		STLK SCREENING				
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name MICHAEL S. MASLEN			Vice-President Name			
Street Address 202 NORTH WORCESTER ST			Street Address			
City NORTON	State MA	Zip 02766	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			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		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	PAR VALUE	
		100				
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 3/5/2025	
Signature of Authorized Representative MICHAEL S. MASLEN						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov