State of Rhode Island
Department of State - Business Services Division

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BUS SVCS DIV
2025 JUL 14 P 2:56

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	2. Exact name of the Corporation			
000087703	MAI TAI INVESTMENTS INC			
3. Principal Office Address		City	State	Zip
159 BATES TRAIL		WEST GREENWICH	RI	02817
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
531110	RESIDENTIAL LESSOR			
5. State of Incorporation				
RI				

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

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 ☐

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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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
MARK A IACONO	7/3/2025

Signature of Authorized Representative

FILED
JUL 14 2025
6245

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

FORM 630- Revised: 12/2023