



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

FILED .P

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

APR 25 2022
 BY

1. Entity ID Number 00008159		2. Exact name of the Corporation MASELLO BROS., INC.				
3. Principal Office Address 20 SHARPE DRIVE			City CRANSTON	State RI	Zip 02920	
4. NAICS Code 423490		6. Brief description of the character of business conducted in Rhode Island WHOLESALE BEAUTY DISTRIBUTOR				
5. State of Incorporation RHODE ISLAND						
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>						
President Name RONALD BACCALA, SR.			Vice-President Name RONALD BACCALA, JR.			
Street Address 20 SHARPE DRIVE			Street Address 20 SHARPE DRIVE			
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920	
Secretary Name GERI-ANN DIPAOLO			Treasurer Name STEPHANIE RENNARD			
Street Address 25 RIVER VIEW DRIVE			Street Address 17 REDBROOK CROSSING			
City CRANSTON	State RI	Zip 02904	City LINCOLN	State RI	Zip 02965	
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		C: ASS/SERIS	
			600		COMMON	NONE
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 GERI-ANN DIPAOLO				Date 3/23/2022		
Signature of Authorized Representative 						