



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year: 2023**  
**Corporation**

**STAMP**  
 MAR 14 2023  
 29909

- 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<br><b>08159</b>  |                    | 2. Exact name of the Corporation<br><b>MASELLO BROS., INC.</b>  |   |                    |                     |
| 3. Principal Office Address<br><b>20 SHARPE DRIVE</b>  |                    |   | City<br><b>CRANSTON</b>                           | State<br><b>RI</b> | Zip<br><b>02920</b> |
| 4. NAICS Code<br><b>423490</b>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>WHOLESALE BEAUTY DISTRIBUTOR</b>    |   |                    |                     |
| 5. State of Incorporation<br><b>RHODE ISLAND</b>   |                    |   |   |                    |                     |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |   |   |                    |                     |
| President Name<br><b>RONALD BACCALA, SR.</b>   |                    |   | Vice-President Name<br><b>RONALD BACCALA, JR.</b> |                    |                     |
| Street Address<br><b>20 SHARPE DRIVE</b>   |                    |   | Street Address<br><b>20 SHARPE DRIVE</b>          |                    |                     |
| City<br><b>CRANSTON</b>  | State<br><b>RI</b> | Zip<br><b>02920</b>   | City<br><b>CRANSTON</b>                           | State<br><b>RI</b> | Zip<br><b>02921</b> |
| Secretary Name<br><b>GERI-ANN DIPAOLO</b>  |                    |   | Treasurer Name<br><b>STEPHANIE RENNARD</b>        |                    |                     |
| Street Address<br><b>25 RIVER VIEW DRIVE</b>   |                    |   | Street Address<br><b>17 REDBROOK CROSSING</b>     |                    |                     |
| City<br><b>CRANSTON</b>  | State<br><b>RI</b> | Zip<br><b>02904</b>   | City<br><b>LINCOLN</b>                            | State<br><b>RI</b> | Zip<br><b>02965</b> |
| 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   |                    | 10. Shares Issued <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.<br><br>Changes require an additional filing.   |                    | NUMBER OF SHARES  |   | CLASS/SERIES       | PAR VALUE           |
|  |                    | <b>600</b>  |   | <b>COMMON</b>      | <b>NONE</b>         |
| 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.<br><b>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.</b> |                    |   |   |                    |                     |
| Name of Authorized Representative<br><b>GERI-ANN DIPAOLO</b>   |                    |   |   |                    | Date                |
| Signature of Authorized Representative<br>   |                    |   |   |                    |                     |

**MAIL TO:**  
 Division of Business Services  
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