



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

Annual Report for the year: 2024
Corporation _____

FILED

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

MAR 12 2024

BY *[Signature]*

1. Entity ID Number 08159		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 16 REDBROOK CROSSING		
City CRANSTON	State RI	Zip 02920	City CRANSTON	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		CLASS/SERIES	
		600		COMMON	
				PAR VALUE	
				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 3/12/24
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
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Website: www.sos.ri.gov