



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-261
401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 41953	2. Name of Corporation MCO, INC.		
3. Street Address Principal Business Office 96 HORSE NECK ROAD		City WARWICK	State RI
4. Business Phone No. 401 732-2690		5. State of Incorporation RHODE ISLAND	

6. Brief Description of the Character of Business Conducted in Rhode Island
INDUSTRIAL ENGINEERING AND SALES

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name JOHN MARSELLA			Vice President Name HELEN C. MARSELLA		
Street Address 96 HORSE NECK ROAD			Street Address 96 HORSE NECK ROAD		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
Secretary Name HELEN C. MARSELLA			Treasurer Name JOHN MARSELLA		
Street Address 96 HORSE NECK ROAD			Street Address 96 HORSE NECK ROAD		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name NONE - CLOSE CORPORATION			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

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION **MUST** BE COMPLETED

Number of Shares	Class/Series	Par Value
200	COMMON	NO PAR

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.

File Date **FILED**

Check No. **FEB 04 2011**

By: **13861**

FOR SECRETARY OF STATE USE ONLY

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.

John Marsella 2/2/11
Signature Date
JOHN MARSELLA
Print or Type Name
PRESIDENT
Title