

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

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(cord)) is

subject to a penalty fee of \$25.00.						
1. Corporate ID No. 152254	2. Name of Corporation M.T.M. Investment Trust Corporation					
3. Street Address Principal Business Office 2091 Nooseneck Hill Road			City Coventry	Siare RI	^{Zip} 02816	
4. Business Phone No. 5. State of Incorporation A01-392-3000 Rhode Island				200 270		
6. Brief Description of the Character of Real estate investment					NE SECOND	
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTAC	CHMENT) FILL IN SPACE	CES BEFORE USING ATTA	ACHMENTS SS C	
President Name Paul P. Mihailides			Vice President Name None			
Street Address 2091 Nooseneck Hill Road			Street Address			
City Coventry	State RI	^{Zip} 02816	City	State	²⁴⁹ 55 ₹	
Secretary: Name Paul P. Mihailides			Treasurer Name Paul P. Mihailides			
Street Address 2091 Nooseneck Hill Road			Street Address 2091 Nooseneck Hill Road			
City Coventry	State RI	^{Zip} 02816	City Coventry	State RI	<i>Zip</i> 02816	
8. NAMES AND ADDRESSES Director Name	OF THE DIRECTORS	6: ("X" BOX FOR ATT	ACHMENT) TELL IN SP Director Name	ACES BEFORE USING AT	TACHMENTS	
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 ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
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.			Number of Shares	Class/Series	Par Value	
			5,000	common	no par	
			t tuya, n			
This report must be executed this report must be executed of	on behalf of the corpon behalf of the corpo	oration by an authorize oration by the receiver	d representative. If the corp or trustee.	oration is in the hands of	a receiver or trustee,	

File Date		ILE	:D ^c	
Check No	SE	P 23	2011	
Ву:	SUCCETABL	(S)	7 <i>57</i>	

including any accompany	I declare and affirm that I have examined this report, ing schedules and statements, and that all statements
contained herein are true	5.31.11
Signature	Date
Paul P. Mihailide	s
Print or Type Name	
President	
Tiele	