



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 02904-2615  
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(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 162983		2. Name of Corporation MCT SERVICES, INC.			
3. Street Address Principal Business Office 53 THIRD STREET			City NEWPORT	State RI	Zip 02840
4. Business Phone No. 401-847-6003		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island PROPERTY MANAGEMENT, PERSONAL AND PROFESSIONAL ASSISTANCE AND SERVICES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MARY C. TEIXEIRA			Vice President Name		
Street Address 53 THIRD STREET			Street Address		
City NEWPORT	State RI	Zip 02840	City	State	Zip
Secretary Name MARY C. TEIXEIRA			Treasurer Name MARY C. TEIXEIRA		
Street Address 53 THIRD STREET			Street Address 53 THIRD STREET		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MARY C. TEIXEIRA			Director Name		
Street Address 53 THIRD STREET			Street Address		
City NEWPORT	State RI	Zip 02840	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) <input type="checkbox"/>		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 1000	Class/Series COMMON	Par Value \$1.00

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CORPORATIONS DIV

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.

**FILED**

OCT 21 2011

File Date \_\_\_\_\_ By 154843  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
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.

J. Russell Jackson Signature Date 10/20/11  
J. RUSSELL JACKSON, ESQ.  
Print or Type Name  
CORP. ATTY/AGENT  
Title