



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 100781		2. Exact name of the Corporation MTM ASSOCIATES, INC.			
3. Principal office address 76 Governors Drive		City East Greenwich	State RI	Zip 02818	
4. Business Phone No. 401-885-5491		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF MONITORING THE CONDUCT OF CLINICAL STUDIES FOR PHARMACEUTICAL COMPANIES.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Tara Cardì			Vice-President Name None		
Street Address 76 Governors Drive			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name Tara Cardì			Treasurer Name Tara Cardì		
Street Address 76 Governors Drive			Street Address 76 Governors Drive		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Tara Cardì			Director Name None		
Street Address 76 Governors Drive			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Director Name None			Director Name None		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No Par Value

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
Check No.
By
FOR SECRETARY OF STATE USE ONLY

FILED

AUG 13 2013

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.

Tara M. Cardì 8/10/13
Signature of Authorized Representative Date

Tara Cardì

Print or Type Name of Authorized Representative

By *mnc*
Ch #2283