



**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** 2015

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. 41953		2. Exact name of the Corporation MCO, INC		
3. Principal office address 96 HORSE NECK ROAD		City WARWICK	State RI	Zip 02889
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 & SALES				
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>				
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
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
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>				
Director Name - NONE - CLOSED CORPORATION		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
<b>9. SHARES AUTHORIZED</b>		<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
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
		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 \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

FILED  
 FEB 25 2015  
 14352

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* 2/20/15  
 Signature of Authorized Representative Date  
 JOHN MARSELLA  
 Print or Type Name of Authorized Representative