



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							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
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. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name - NONE - CLOSED 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					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
					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.

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

File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY

FILED

FEB 25 2015

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