



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

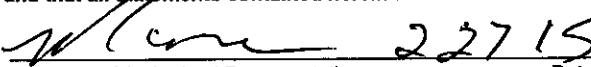
Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

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

1. Entity ID No. 000798640		2. Exact name of the Corporation M. Thomas, Inc.			
3. Principal office address 445 Plain Street		City West Greenwich	State RI	Zip 02817	
4. Business Phone No. 401-639-4472		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Residential Remodeling/Construction					
PRESIDENT					
President Name Marcus Thomas		Vice-President Name Marcus Thomas			
Street Address 445 Plain Street		Street Address 445 Plain Street			
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
Secretary Name Marcus Thomas		Treasurer Name Marcus Thomas			
Street Address 445 Plain Street		Street Address 445 Plain Street			
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
DIRECTORS					
Director Name Marcus Thomas		Director Name			
Street Address 445 Plain Street		Street Address			
City West Greenwich	State RI	Zip 02817	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
SHARES OUTSTANDING					
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	CWP	\$1.00	

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.


Signature of Authorized Representative Date

Marcus Thomas

Print or Type Name of Authorized Representative