

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.

. Entity ID No.	2. Exact nar	ne or the Corporation			
000798640	M. Tho	mas, 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		
Brief description of the char Residential Remodeli					
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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 Greenwick	h State	Zip 02817
Secretary Name Marcus Thomas			Treasurer Name Marcus Thomas		
Street Address 445 Plain Street			Street Address 445 Plain Street		
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Director Name Marcus Thomas	<u>-11 - 12 - 12 - 12 - 12 - 12 - 12 - 12 </u>	er i de marin en elle i julije <mark>ta</mark> je en e	Director Name		
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		·	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.			100	CWP	\$1.00
This report must be executed		corporation by an authorize	nd representative. If the o	corporation is in the hand	ls of a receiver or trustee.
roport mode oo onoodloo	this report mu	st be executed on behalf of	the corporation by the re	eceiver or trustee.	•
The Marie Control of the Control of			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.		
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1080			Signature of Authorized Representative Date Marcus Thomas		
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**			Print or Type Name of Authorized Representative		

Form No. 630 Revised: 01/2012