



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

2016

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 72213		2. Exact name of the Corporation MT PROFESSIONAL OFFICES, INC.			
3. Principal office address 1200 Reservoir Avenue		City Cranston	State RI	Zip 02920	
4. Business Phone No. (401) 946-3030		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island OWNERSHIP AND DEVELOPMENT OF REAL ESTATE.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Angelo R. Marocco			Vice-President Name Ronald Tagliaferri		
Street Address 1200 Reservoir Avenue			Street Address 1200 Reservoir Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Angelo R. Marocco			Treasurer Name Ronald Tagliaferri		
Street Address 1200 Reservoir Avenue			Street Address 1200 Reservoir Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name			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) ☐		
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
			1000	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.

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.

Ronald Tagliaferri January 4, 2016
Signature of Authorized Representative Date

RONALD TAGLIAFERRI

Print or Type Name of Authorized Representative

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

FILED

JAN 06 2016

BY KL 3845