



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 2016

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. 000005205		2. Exact name of the Corporation MAC ENTERPRISES INC.,			
3. Principal office address 100 BROOKSIDE AVE		City WEST WARWICK	State RI	Zip 02816-8409	
4. Business Phone No. 401-828-2553		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island Auto Body repair & sales of used cars					
LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Vincent Tessitore			Vice-President Name None		
Street Address 1704 Flat River Road			Street Address		
City COVENTRY	State RI	Zip 02816	City	State	Zip
Secretary Name Vincent Tessitore			Treasurer Name		
Street Address 1704 flat River Road			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			600	COMMON	\$0.00

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.

File Date _____
Check No _____
By _____
FOR SECRETARY OF STATE USE ONLY

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.

FILED
FEB 18 2016
KL 3259

Signature of Authorized Representative *Vincent Tessitore* Date *2-3-16*
Print or Type Name of Authorized Representative **Vincent Tessitore**