



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. 5241		2. Exact name of the Corporation M.A.T., Inc.			
3. Principal office address 417 Smithfield Avenue			City Providence	State RI	Zip 02904
4. Business Phone No. 401-231-2228			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Taxi Cab Business					

LIST THE OFFICERS (NAMES AND ADDRESSES) OF THE CORPORATION HEREIN:

President Name Michael A. Tartaglione			Vice-President Name Michael A. Tartaglione		
Street Address 417 Smithfield Avenue			Street Address 417 Smithfield Avenue		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
Secretary Name Michael A. Tartaglione			Treasurer Name Michael A. Tartaglione		
Street Address 417 Smithfield Avenue			Street Address 417 Smithfield Avenue		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904

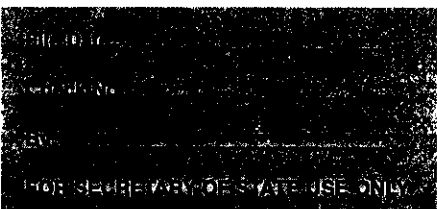
LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT:

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

NUMBER OF SHARES AUTHORIZED: **NUMBER OF 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
	500	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.



FILED

MAR 11 2016

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 _____
Michael A. Tartaglione, President
 Print or Type Name of Authorized Representative

By 269892