



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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BUS SVCS DIV

2017 MAR 29 AM 10:44

1. Entity ID Number 65380		2. Exact name of the Corporation M.T.M. Development Corporation			
3. Principal Office Address 2091 Nooseneck Hill Road		City Coventry		State RI	Zip 02816
4. NAICS Code 53 - Real Estate and Rental and		6. Brief description of the character of business conducted in Rhode Island Real Estate development, ownership, and management			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Paul P. Mihailides			Vice-President Name Paul P. Mihailides		
Street Address 2091 Nooseneck Hill Road			Street Address 2091 Nooseneck Hill Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Paul P. Mihailides			Treasurer Name Paul P. Mihailides		
Street Address 2091 Nooseneck Hill Road			Street Address 2091 Nooseneck Hill Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued			Check the box to indicate an attachment <input type="checkbox"/>		
NUMBER OF SHARES			CLASS/SERIES		PAR VALUE
500			Common		no par
11. 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.					
Name of Authorized Representative Paul P. Mihailides					Date 3/23/17
Signature of Authorized Representative 					

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

MAR 29 2017

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