RI SOS Filing Number: 201860798100 Date: 3/23/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

Corporation

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

1. Entity ID Number	2. Exact name of the Corporation
5241	M.A.T., Inc.

3. Principal Office Address	City	State	Zip
417 Smithfield Avenue	Providence	RI	02904

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
485320	Taxi Cab Business
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

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

8. List ALL directors (names and addresses) — Check the box to indicate an 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

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
500	Common	No Par Value

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	Date
Michael A. Tartaglione, President	

Signature of Authorized Representative

SIGN DOCUMENT HERE

FILED

MAR 23 2018

BY KL 327156

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

FORM 630 - Revised: 10/2017