



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 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. NAICS Code 485320		6. Brief description of the character of business conducted in Rhode Island 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 Michael A. Tartaglione, President					Date
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					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 23 2018

BY

FORM 630 - Revised: 10/2017