RI SOS Filing Number: 201878264190 Date: 9/26/2018 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.

STAMP

FOR SECRETARY OF STATE USE ONLY

1. Entity ID Number	2. Exact name of the Corporation		
100781	**MTM ASSOCIATES, INC.**		
3. Principal Office Address	City	State	Zip
76 Governors Drive	**East Greenwich**	**RI**	**02818**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
541690	**TO ENGAGE IN THE BUSINESS OF MONITORING THE CONDUCT OF CLINICAL STUDIES FOR PHARMACEUTICAL COMPANIES.**		
5. State of Incorporation			
Rhode Island			

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

President Name	Vice-President Name
Tara Cardi	**NONE**
Street Address **76 Governors Drive**	Street Address
City **East Greenwich** / State **RI** / Zip **02818**	City / State / Zip
Secretary Name **Tara Cardi**	Treasurer Name **Tara Cardi**
Street Address **76 Governors Drive**	Street Address **76 Governors Drive**
City **East Greenwich** / State **RI** / Zip **02818**	City **East Greenwich** / State **RI** / Zip **02818**

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

Director Name	Director Name
Tara Cardi	**NONE**
Street Address **76 Governors Drive**	Street Address
City **East Greenwich** / State **RI** / Zip **02818**	City / State / Zip
Director Name **NONE**	Director Name **NONE**
Street Address	Street Address
City / State / Zip	City / State / Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	**100**	**Common**	**No Par Value**
Changes require an additional filing.			

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
Tara Cardi	Sept 23, 2018

Signature of Authorized Representative: Tara Cardi

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

SEP 26 2018
BY: 64444 DS

FORM 630 - Revised: 10/2017