RI SOS Filing Number: 201984098650 Date: 1/9/2019 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019
Corporation

STAMP

→ 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
72213	MT PROFESSIONAL OFFICES, INC.

3. Principal Office Address	City	State	Zip
1200 Reservoir Avenue	Cranston	RI	02920

4. NAICS Code	6 Brief description of the character of business conducted in Rhode Island
531120	OWNERSHIP AND DEVELOPMENT OF REAL ESTATE
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
Angelo R. Marocco	Ronald Tagliaferri
Street Address: 1200 Reservoir Avenue	Street Address: 1200 Reservoir Avenue
City: Cranston State: RI Zip: 02920	City: Cranston State: RI Zip: 02920
Secretary Name	**Treasurer Name**
Angelo R. Marocco	Ronald Tagliaferri
Street Address: 1200 Reservoir Avenue	Street Address: 1200 Reservoir Avenue
City: Cranston State: RI Zip: 02920	City: Cranston State: RI Zip: 02920

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	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS-SERIES	PAR VALUE
Changes require an additional filing.	1000	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
RONALD TAGLIAFERRI	January 7, 2019

Signature of Authorized Representative: Ronald Tagliaferri — SIGN DOCUMENT HERE

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

FILED
JAN 09 2019
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FORM 630 - Revised: 10/2017