



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 <div style="border: 1px solid black; padding: 2px;">72213</div>		2 Exact name of the Corporation <div style="border: 1px solid black; padding: 2px;">MT PROFESSIONAL OFFICES, INC.</div>												
3 Principal Office Address <div style="border: 1px solid black; padding: 2px;">1200 Reservoir Avenue</div>		City <div style="border: 1px solid black; padding: 2px;">Cranston</div>	State <div style="border: 1px solid black; padding: 2px;">RI</div>	Zip <div style="border: 1px solid black; padding: 2px;">02920</div>										
4 NAICS Code <div style="border: 1px solid black; padding: 2px;">531120</div>		6 Brief description of the character of business conducted in Rhode Island <div style="border: 1px solid black; padding: 2px;">OWNERSHIP AND DEVELOPMENT OF REAL ESTATE</div>												
5 State of Incorporation <div style="border: 1px solid black; padding: 2px;">Rhode Island</div>														
7 List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <div style="border: 1px solid black; padding: 2px;">Angelo R. Marocco</div>		Vice-President Name <div style="border: 1px solid black; padding: 2px;">Ronald Tagliaferri</div>												
Street Address <div style="border: 1px solid black; padding: 2px;">1200 Reservoir Avenue</div>		Street Address <div style="border: 1px solid black; padding: 2px;">1200 Reservoir Avenue</div>												
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Secretary Name <div style="border: 1px solid black; padding: 2px;">Angelo R. Marocco</div>		Treasurer Name <div style="border: 1px solid black; padding: 2px;">Ronald Tagliaferri</div>												
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8 List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name <div style="border: 1px solid black; padding: 2px;"></div>		Director Name <div style="border: 1px solid black; padding: 2px;"></div>												
Street Address <div style="border: 1px solid black; padding: 2px;"></div>		Street Address <div style="border: 1px solid black; padding: 2px;"></div>												
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9 Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
		<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="text-align: center;">NUMBER OF SHARES</th><th style="text-align: center;">CLASS/SERIES</th><th style="text-align: center;">PAR VALUE</th></tr></thead><tbody><tr><td style="text-align: center;"><div style="border: 1px solid black; padding: 2px;">1000</div></td><td style="text-align: center;"><div style="border: 1px solid black; padding: 2px;">COMMON</div></td><td style="text-align: center;"><div style="border: 1px solid black; padding: 2px;">NO PAR VALUE</div></td></tr><tr><td style="text-align: center;"><div style="border: 1px solid black; padding: 2px;"></div></td><td style="text-align: center;"><div style="border: 1px solid black; padding: 2px;"></div></td><td style="text-align: center;"><div style="border: 1px solid black; padding: 2px;"></div></td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<div style="border: 1px solid black; padding: 2px;">1000</div>	<div style="border: 1px solid black; padding: 2px;">COMMON</div>	<div style="border: 1px solid black; padding: 2px;">NO PAR VALUE</div>	<div style="border: 1px solid black; padding: 2px;"></div>	<div style="border: 1px solid black; padding: 2px;"></div>	<div style="border: 1px solid black; padding: 2px;"></div>
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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 <b>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.</b>														
Name of Authorized Representative <div style="border: 1px solid black; padding: 2px;">RONALD TAGLIAFERRI</div>					Date <div style="border: 1px solid black; padding: 2px;">January 7, 2019</div>									
Signature of Authorized Representative <div style="border: 1px solid black; padding: 2px;"></div>														
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](http://www.sos.ri.gov)

**FILED**

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