



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 <u>11668749</u>		2. Exact name of the Corporation <u>Mt. Carmel Inc.</u>			
3. Principal Office Address <u>25 Plateau Rd.</u>		City <u>Westerly</u>		State <u>RI</u>	Zip <u>02891</u>
4. NAICS Code <u>711510</u>		6. Brief description of the character of business conducted in Rhode Island <u>Artwork Design Consulting</u>			
5. State of Incorporation <u>OHIO</u>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>Mary Ellen Carlu</u>			Vice-President Name		
Street Address <u>25 Plateau Rd</u>			Street Address		
City <u>Westerly</u>	State <u>RI</u>	Zip <u>02891</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>Mary Ellen Carlu</u>			Director Name		
Street Address <u>25 Plateau Rd</u>			Street Address		
City <u>Westerly</u>	State <u>RI</u>	Zip <u>02891</u>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			<u>1,500.00</u>		
			<u>CWP</u>		
			<u>0.0100</u>		
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 <u>MARY E. Carlu</u>					Date <u>JAN. 27, 2019</u>
Signature of Authorized Representative <u>Mary E. Carlu</u>					SIGN DOCUMENT HERE
					FILED

FEB 06 2019

BY 7540 RS