



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

Annual Report for the year: **2019**
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

MAR 25 2019

BY 4429 DS

1. Entity ID Number 000087617		2. Exact name of the Corporation MCC, Inc			
3. Principal Office Address 414 Broadway			City Providence	State RI	Zip 02909
4. NAICS Code 44-45 Retail Trade		6. Brief description of the character of business conducted in Rhode Island To engage in the business of purchasing, acquiring, owning, servicing all types of new and used automobiles.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael Coggeshall			Vice-President Name N/A		
Street Address 45 anthony Road			Street Address		
City Foster	State RI	Zip 02825	City	State	Zip
Secretary Name N/A			Treasurer Name Charlene Coggeshall		
Street Address			Street Address 45 Anthony Road		
City	State	Zip	City Foster	State RI	Zip 02825
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		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 Coggeshall				Date 03-14-19	
Signature of Authorized Representative <i>Michael Coggeshall</i>					

MAIL TO:
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