



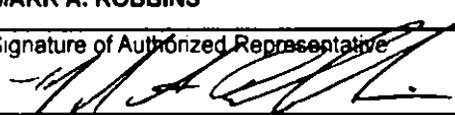
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2020
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

JAN 21 2020
 DEPARTMENT OF STATE
 PROVIDENCE, RI

1. Entity ID Number 000171522		2. Exact name of the Corporation MACT, INC.			
3. Principal Office Address 80 FRANKLIN ST.			City WESTERLY	State RI	Zip 02891
4. NAICS Code 81111		6. Brief description of the character of business conducted in Rhode Island MIDAS AUTO SERVICE EXPERTS SHIOP - CAR REPAIR MAINTENANCE SHOP			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MARK A. ROBBINS			Vice-President Name N/A		
Street Address 6 JOSHUA STREET			Street Address N/A		
City WESTERLY	State RI	Zip 02891	City N/A	State N/A	Zip N/A
Secretary Name N/A			Treasurer Name N/A		
Street Address N/A			Street Address N/A		
City N/A	State N/A	Zip N/A	City N/A	State N/A	Zip N/A
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address N/A			Street Address N/A		
City N/A	State N/A	Zip N/A	City N/A	State N/A	Zip N/A
Director Name N/A			Director Name N/A		
Street Address N/A			Street Address N/A		
City N/A	State N/A	Zip N/A	City N/A	State N/A	Zip N/A
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
		20,000		STK	0.00
		N/A		N/A	N/A
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 MARK A. ROBBINS					Date 1/15/2020
Signature of Authorized Representative 					SIGN DOCUMENT HERE

FILED

1:11

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

JAN 21 2020
 BY Q/B D2WN6
 FORM 630 - Revised: 10/2017