



RI SOS Filing Number: 202032978180 Date: 1/21/2020 4:00:00 PM

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.

**FILED**

JAN 21 2020

11185

BY

1. Entity ID Number <b>001689977</b>		2. Exact name of the Corporation <b>MARTIN MECHANICAL DESIGN, INC</b>												
3. Principal Office Address <b>1201 25TH AVE N</b>		City <b>FARGO</b>		State <b>ND</b>	Zip <b>58102</b>									
4. NAICS Code <b>541330</b>		6. Brief description of the character of business conducted in Rhode Island <b>INACTIVE: WE HAVEN'T HAD ANY WORK IN RHODE ISLAND IN 2020</b>												
5. State of Incorporation <b>NORTH DAKOTA</b>														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>BRIAN MARTIN</b>			Vice-President Name <b>NONE</b>											
Street Address <b>2402 LILAC LANE</b>			Street Address											
City <b>FARGO</b>	State <b>ND</b>	Zip <b>58102</b>	City	State	Zip									
Secretary Name <b>NONE</b>			Treasurer Name <b>NONE</b>											
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 <b>NONE</b>			Director Name <b>NONE</b>											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name <b>NONE</b>			Director Name <b>NONE</b>											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
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"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td><b>50,000</b></td><td><b>CWP/VT</b></td><td><b>\$1.00000</b></td></tr><tr><td></td><td></td><td></td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>50,000</b>	<b>CWP/VT</b>	<b>\$1.00000</b>			
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<b>50,000</b>	<b>CWP/VT</b>	<b>\$1.00000</b>												
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 <b>BRIAN MARTIN</b>					Date <b>1-18-20</b>									
Signature of Authorized Representative 					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.n.gov](http://www.sos.n.gov)

FORM 630 - Revised: 10/2017