



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		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
		<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. <i>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.</i>					
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