



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

SECRETARY OF STATE  
 CORPORATE STAMP

**Annual Report for the year: 2020**  
**Corporation**

2020 JAN 27 AM 11:56

- 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 14778 <b>147778</b>		2. Exact name of the Corporation MAP CROSS CONNECTIONS, INC.			
3. Principal Office Address 19 TWIN RIVER ROAD			City LINCOLN	State RI	Zip 02865
4. NAICS Code 541690		6. Brief description of the character of business conducted in Rhode Island WATER WORKS CONSULTING			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name MARTHA P. PUNCHAK			Vice-President Name ALEXANDER PUNCHAK		
Street Address 19 TWIN RIVER ROAD			Street Address 19 TWIN RIVER ROAD		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name ALEXANDER PUNCHAK			Treasurer Name MARTHA P. PUNCHAK		
Street Address 19 TWIN RIVER ROAD			Street Address 19 TWIN RIVER ROAD		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name MARTHA P. PUNCHAK			Director Name ALEXANDER PUNCHAK		
Street Address 19 TWIN RIVER ROAD			Street Address 19 TWIN RIVER ROAD		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Director Name			Director Name		
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>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100 SHARES	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. <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 MARTHA P. PUNCHAK, PRESIDENT					Date 1-21-2020
Signature of Authorized Representative 					

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

**FILED**  
 JAN 27 2020  
 BY GRYN4MR  
 FORM 630 - Revised: 10/2017