



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

STAMP

FEB 27 2020

BY

30919 DS

FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 65380		2. Exact name of the Corporation M.T.M. Development Corporation			
3. Principal Office Address 87A Kingstown Road			City Wyoming	State RI	Zip 02898
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Real Estate development, ownership, and management			
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 Paul P. Mihailides			Vice-President Name Paul P. Mihailides		
Street Address 87A Kingstown Road			Street Address 87A Kingstown Road		
City Wyoming	State RI	Zip 02898	City Wyoming	State RI	Zip 02898
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		
			500		
			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 Paul P. Mihailides, President					Date 2/14/20
Signature of Authorized Representative 					SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov