



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 100781	2. Name of Corporation MTM Associates, Inc.
-------------------------------	--

3. Street Address Principal Business Office 76 Governors Drive	City East Greenwich	State RI	Zip 02818
---	------------------------	-------------	--------------

4. Business Phone No 401-885-5491	5. State of Incorporation Rhode Island	6. SIC Code 0
--------------------------------------	---	------------------

7. Brief Description of the Character of Business Conducted in Rhode Island
To engage in the business of monitoring the conduct of clinical studies for pharmaceutical companies.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name: Tara Cardi
Vice President Name: None

Street Address: 76 Governors Drive

City: East Greenwich	State: RI	Zip: 02818	City:	State:	Zip:
----------------------	-----------	------------	-------	--------	------

Secretary Name: Tara Cardi
Treasurer Name: Tara Cardi

Street Address: 76 Governors Drive

City: East Greenwich	State: RI	Zip: 02818	City: East Greenwich	State: RI	Zip: 02818
----------------------	-----------	------------	----------------------	-----------	------------

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name: Tara Cardi
Director Name: None

Street Address: 76 Governors Drive

City: East Greenwich	State: RI	Zip: 02818	City:	State:	Zip:
----------------------	-----------	------------	-------	--------	------

Director Name: None
Director Name: None

Street Address:

City:	State:	Zip:	City:	State:	Zip:
-------	--------	------	-------	--------	------

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	Common	No par value	100	Common	No par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 0 0 7 8 1

File Date: **FILED**
Check No: MAR 03 2005 1949
By: **ILB**
FOR SECRETARY OF STATE USE ONLY

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.
Signature of Officer: **Tara Cardi** Date: **3-2-05**
Print or Type Name of Officer: **Tara Cardi**
Title of Officer: **President**



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 100781		2. Name of Corporation MTM ASSOCIATES, INC.			
3. Street Address Principal Business Office 76 GOVERNORS DRIVE			City EAST GREENWICH	State RI	Zip 02818
4. Business Phone No. 4018855491		5. State of Incorporation RHODE ISLAND		6. SIC Code 0	
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF MONITORING THE CONDUCT OF CLINICAL STUDIES FOR PHARMACEUTICAL COMPANIES.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Tara Cardi			Vice President Name		
Street Address 76 Governors Drive			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name Tara Cardi			Treasurer Name Tara Cardi		
Street Address 76 Governors Drive			Street Address 76 Governors Drive		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Tara Cardi			Director Name		
Street Address 76 Governors Drive			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE			100	Common Stock	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 0 0 7 8 1

100781 DBC 01/07/04 11:17:12 AM

File Date 2/19/04

Check No. 1902

By: TS

FOR SECRETARY OF STATE USE ONLY

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.

Tara Cardi 2-18-04
Signature of Officer Date
Tara Cardi
Print or Type Name of Officer
President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *100781* 2. Name of Corporation MTM ASSOCIATES, INC.
3. Street Address Principal Business Office 76 GOVERNORS DRIVE City E GREENWICH State RI Zip 02818
4. Business Phone No. 401-885-5491 5. State of Incorporation RHODE ISLAND 6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF MONITORING THE CONDUCT OF CLINICAL STUDIES FOR PHARMACEUTICAL COMPANIES.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Tara Cardi	Vice President Name None
Street Address 76 Governors Drive	Street Address
City State Zip East Greenwich RI 02818	City State Zip
Secretary Name Tara Cardi	Treasurer Name Tara Cardi
Street Address 76 Governors Drive	Street Address 76 Governors Drive
City State Zip East Greenwich RI 02818	City State Zip East Greenwich RI 02818

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Tara Cardi	Director Name
Street Address 76 Governors Drive	Street Address
City State Zip East Greenwich RI 02818	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
1,000 COMM NO PAR VALUE		

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
100	Common Stock	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 0 7 8 1 *

100781 DBC1/16/031:14:41 PM
File Date 1/28/03
Check No. 1805
By: LP
FOR SECRETARY OF STATE USE ONLY

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.

Tara Cardi 1/26/03
Signature of Officer Date
Tara Cardi
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **100781** 2. Name of Corporation **MTM ASSOCIATES, INC.**
3. Street Address-Principal Business Office **76 Governors Drive** City **East Greenwich** State **RI** Zip **02818**
4. Business Phone No **401-885-5491** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island
Clinical Studies - Pharmaceutical Industry.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Tara Cardi	Vice President Name None
Street Address 76 Governors Drive	Street Address
City East Greenwich State RI Zip 02818	City State Zip
Secretary Name Tara Cardi	Treasurer Name Tara Cardi
Street Address 76 Governors Drive	Street Address 76 Governors Drive
City East Greenwich State RI Zip 02818	City East Greenwich State RI Zip 02818

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Tara Cardi	Director Name
Street Address 76 Governors Drive	Street Address
City East Greenwich State RI Zip 02818	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 COMM NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100 common stock no par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 0 7 8 1 *

File Date 1-30-02
Check No 1712
By [Signature]

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
Tara M. Cardi 28 Jan 02
Signature of Officer Date
Tara Cardi
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **100781** 2. Name of Corporation **MTM ASSOCIATES, INC.**

3. Street Address Principal Business Office **76 Governors Drive** City **East Greenwich** State **RI** Zip **02818**
4. Business Phone No. **885-5491** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island
Clinical Studies - Pharmaceutical Industry.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Tara Cardi Street Address 76 Governors Drive City East Greenwich State RI Zip 02818	Vice President Name None Street Address City State Zip
Secretary Name Tara Cardi Street Address 76 Governors Drive City East Greenwich State RI Zip 02818	Treasurer Name Tara Cardi Street Address 76 Governors Drive City East Greenwich State RI Zip 02818

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Tara Cardi Street Address 76 Governors Drive City East Greenwich State RI Zip 02818	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 COMM NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100 common stock no par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 0 7 8 1 *

File Date: 1/16/01
1588
Check No.: _____
By: [Signature]

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

Tara M. Cardi 13 Jan 01
Signature of Officer Date

Tara Cardi
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **100781** 2. Name of Corporation **MTM ASSOCIATES, INC.**

3. Street Address Principal Business Office **76 Governors Drive** City **East Greenwich** State **RI** Zip **02818**
4. Business Phone No. **401-885-5491** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
Clinical Studies - Pharmaceutical Industry.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **Tara Cardi**
Street Address **76 Governors Drive**
City **East Greenwich** State **RI** Zip **02818**

Vice President Name **None**
Street Address
City State Zip

Secretary Name **Tara Cardi**
Street Address **76 Governors Drive**
City **East Greenwich** State **RI** Zip **02818**

Treasurer Name **Tara Cardi**
Street Address **76 Governors Drive**
City **East Greenwich** State **RI** Zip **02818**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **Tara Cardi**
Street Address **76 Governors Drive**
City **East Greenwich** State **RI** Zip **02818**

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

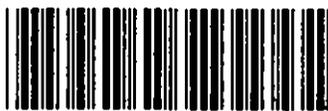
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 COMM NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100 common stock no par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 0 7 8 1 *

File Date: 2/2/00
Check No.: 1444
By: [Signature]

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.

Signature of Officer Tara Martin-Cardi Date 1/25/00
Print or Type Name of Officer Tara Martin
Title of Officer President

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **100781** 2. Name of Corporation **MTM ASSOCIATES, INC.**
3. Street Address Principal Business Office **39C Eagle Run** City **East Greenwich** State **RI** Zip **02818**
4. Business Phone No. **885-5491** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7286**

7. Brief Description of the Character of Business Conducted in Rhode Island
Clinical Studies - Pharmaceutical Industry.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) • FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Tara Martin	Vice President Name None
Street Address 39C Eagle Run	Street Address
City East Greenwich State RI Zip 02818	City State Zip
Secretary Name Tara Martin	Treasurer Name Tara Martin
Street Address 39C Eagle Run	Street Address 39C Eagle Run
City East Greenwich State RI Zip 02818	City East Greenwich State RI Zip 02818

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) • FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Tara Martin	Director Name
Street Address 39C Eagle Run	Street Address
City East Greenwich State RI Zip 02818	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
1,000 COMM NO PAR VALUE		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
100	common stock no par value	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: April 2 1999
Check No.: 1071
By: [Signature]

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.

Tara M. Martin 28 Feb 99
Signature of Officer Date
Tara Martin
Print or Type Name of Officer
President
Title of Officer