



State of Rhode Island

Department of State - Business Services Division

FILED

JAN 12 2021

RY 4452

Annual Report for the year:
Corporation

- 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 <input type="text" value="72213"/>		2. Exact name of the Corporation <input type="text" value="MT PROFESSIONAL OFFICES, INC."/>	
3. Principal Office Address <input type="text" value="1200 Reservoir Avenue"/>		City <input type="text" value="Cranston"/>	State <input type="text" value="RI"/>
		Zip <input type="text" value="02920"/>	
4. NAICS Code <input type="text" value="531120"/>	6. Brief description of the character of business conducted in Rhode Island <input type="text" value="OWNERSHIP AND DEVELOPMENT OF REAL ESTATE"/>		
5. State of Incorporation <input type="text" value="RHODE ISLAND"/>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <input type="text" value="Angelo R. Marocco"/>		Vice-President Name <input type="text" value="Ronald Tagliaferri"/>	
Street Address <input type="text" value="1200 Reservoir Avenue"/>		Street Address <input type="text" value="1200 Reservoir Avenue"/>	
City <input type="text" value="Cranston"/>	State <input type="text" value="RI"/>	City <input type="text" value="Cranston"/>	State <input type="text" value="RI"/>
Secretary Name <input type="text" value="Angelo R. Marocco"/>		Treasurer Name <input type="text" value="Ronald Tagliaferri"/>	
Street Address <input type="text" value="1200 Reservoir Avenue"/>		Street Address <input type="text" value="1200 Reservoir Avenue"/>	
City <input type="text" value="Cranston"/>	State <input type="text" value="RI"/>	City <input type="text" value="Cranston"/>	State <input type="text" value="RI"/>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <input type="text"/>		Director Name <input type="text"/>	
Street Address <input type="text"/>		Street Address <input type="text"/>	
City <input type="text"/>	State <input type="text"/>	City <input type="text"/>	State <input type="text"/>
Director Name <input type="text"/>		Director Name <input type="text"/>	
Street Address <input type="text"/>		Street Address <input type="text"/>	
City <input type="text"/>	State <input type="text"/>	City <input type="text"/>	State <input type="text"/>
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
		<input type="text" value="1000"/>	<input type="text" value="COMMON"/>
		PAR VALUE	<input type="text" value="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. <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 <input type="text" value="RONALD TAGLIAFERRI"/>		Date <input type="text" value="January 7, 2021"/>	
Signature of Authorized Representative 			