



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

STAMP

FOR
STAMPING USE ONLY

- 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 1669378		2. Exact name of the Corporation MJT, INC.												
3. Principal Office Address 3066 POST ROAD			City WARWICK	State RI	Zip 02886									
4. NAICS Code 811211		6. Brief description of the character of business conducted in Rhode Island AUTOMOTIVE BODY REPAIR, COLLISION REPAIR, AUTOMOTIVE PAINTING												
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 MICHAEL THOIN			Vice-President Name AVERY BROCCOLI											
Street Address 12 1/2 SHIPPEE SCHOOL HOUSE RD			Street Address 94 WOOD COVE DRIVE											
City FOSTER	State RI	Zip 02825	City COVENTRY	State RI	Zip 02816									
Secretary Name NONE			Treasurer Name NONE											
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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>NONE</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	NONE					
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
NONE														
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 MICHAEL THOIN				Date 1-28-21										
Signature of Authorized Representative 														

FILED

KM

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

JAN 28 2021

BY- 6944

FORM 630 - Revised: 08/2020