



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
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 22 2021

39294

1. Entity ID Number 162983	2. Exact name of the Corporation MCT Services, Inc.
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3. Principal Office Address 53 Third Street	City Newport	State RI	Zip 02840
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4. NAICS Code 531390	6. Brief description of the character of business conducted in Rhode Island Property management, personal and professional assistance and services.
5. State of Incorporation RI	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mary C. Teixeira			Vice-President Name		
Street Address 53 Third Street			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name Mary C. Teixeira			Treasurer Name Mary C. Teixeira		
Street Address 53 Third Street			Street Address 53 Third Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840

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
	1000	STK	0.0100

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 MARY C. TEIXEIRA	Date 02/02/2021
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Signature of Authorized Representative
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