RI SOS Filing Number: 202100914430 Date: 9/3/2021 12:31:00 PM

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.

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2021 SEP -3 P 12:38

1. Entity ID Number	2. Exact name of the Corporation		
001686715	MCT Pharmaceutical, Inc.		
3. Principal Office Address: 771 Reservoir Avenue	City: Cranston	State: RI	Zip: 02910
4. NAICS Code: 541715	6. Brief description of the character of business conducted in Rhode Island: Pharmaceutical Research		
5. State of Incorporation: Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Donald J. Montefusco			Vice-President Name: Anthony P. DelGrande		
Street Address: 771 Reservoir Avenue			Street Address: 771 Reservoir Avenue		
City: Cranston	State: RI	Zip: 02910	City: Cranston	State: RI	Zip: 09210
Secretary Name: Martin A. Acquadro			Treasurer Name: Gary E. Borodic		
Street Address: 771 Reservoir Avenue			Street Address: 771 Reservoir Avenue		
City: Cranston	State: RI	Zip: 02910	City: Cranston	State: RI	Zip: 02910

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Donald J. Montefusco			Director Name: Anthony P. DelGrande		
Street Address: 771 Reservoir Avenue			Street Address: 771 Reservoir Avenue		
City: Cranston	State: RI	Zip: 02910	City: Cranston	State: RI	Zip: 02910
Director Name: Martin A. Acquadro			Director Name: Gary E. Borodic		
Street Address: 771 Reservoir Avenue			Street Address: 771 Reservoir Avenue		
City: Cranston	State: RI	Zip: 02910	City: Cranston	State: RI	Zip: 02910

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	500	Common	0.00

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	Date
Anthony P. DelGrande	8/2/21

Signature of Authorized Representative: Anthony P. DelGrande VP

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

FILED
SEP 03 2021
BY K90DZ
12:31

FORM 630 - Revised: 08/2020