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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 SEP -3 P 12: 29

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

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

President Name	Street Address	City	State	Zip
Donald J. Montefusco	771 Reservoir Avenue	Cranston	RI	02910

Vice-President Name	Street Address	City	State	Zip
Anthony P. DelGrande	771 Reservoir Avenue	Cranston	RI	09210

Secretary Name	Street Address	City	State	Zip
Martin A. Acquadro	771 Reservoir Avenue	Cranston	RI	02910

Treasurer Name	Street Address	City	State	Zip
Gary E. Borodic	771 Reservoir Avenue	Cranston	RI	02910

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

Director Name	Street Address	City	State	Zip
Donald J. Montefusco	771 Reservoir Avenue	Cranston	RI	02910

Director Name	Street Address	City	State	Zip
Anthony P. DelGrande	771 Reservoir Avenue	Cranston	RI	02910

Director Name	Street Address	City	State	Zip
Martin A. Acquadro	771 Reservoir Avenue	Cranston	RI	02910

Director Name	Street Address	City	State	Zip
Gary E. Borodic	771 Reservoir Avenue	Cranston	RI	02910

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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	9/2/21

Signature of Authorized Representative: V.P

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 CK9002
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FORM 630 - Revised: 08/2020