



State of Rhode Island

Department of State - Business Services Division

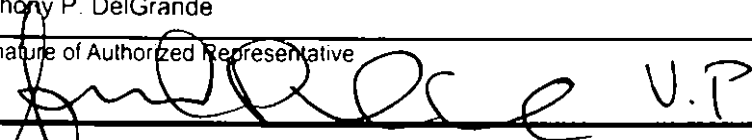
Annual Report for the year: **2020**
CorporationRECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

2021 SEP -3 P 12: 29

1. Entity ID Number 001686715		2. Exact name of the Corporation 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	City Cranston	State RI
Zip 02910		Zip 02910	
Secretary Name Martin A. Acquadro		Treasurer Name Gary E. Borodic	
Street Address 771 Reservoir Avenue		Street Address 771 Reservoir Avenue	
City Cranston	State RI	City Cranston	State RI
Zip 02910		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	City Cranston	State RI
Zip 02910		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	City Cranston	State RI
Zip 02910		Zip 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
		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 Anthony P. DelGrande		Date 9/2/21	
Signature of Authorized Representative  U.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