



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

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.

1. Entity ID Number 000516558		2. Exact name of the Corporation MCM International, Inc.		
3. Principal Office Address 1742 Ministers Lot Road, P.O. Box 1194		City Block Island	State RI	Zip 02807
4. NAICS Code 531110	6. Brief description of the character of business conducted in Rhode Island Real Estate Investment			
5. State of Incorporation RI				
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
President Name Margaret C. Mead		Vice-President Name Christopher B. Mead		
Street Address 1742 Ministers Lot Road		Street Address 1742 Ministers Lot Road		
City Block Island	State RI	Zip 02807	City Block Island	State RI
Secretary Name Christopher B. Mead		Treasurer Name Christopher B. Mead		
Street Address 1742 Ministers Lot Road		Street Address 1742 Ministers Lot Road		
City Block Island	State RI	Zip 02807	City Block Island	State RI
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
Director Name Margaret C. Mead		Director Name		
Street Address 1742 Ministers Lot Road		Street Address		
City Block Island	State RI	Zip 02807	City	State
Director Name Christopher B. Mead		Director Name		
Street Address 1742 Ministers Lot Road		Street Address		
City Block Island	State RI	Zip 02807	City	State
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
		75,000,000	common	\$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 Christopher B. Mead			Date September 6, 2021	
Signature of Authorized Representative SIGN DOCUMENT HERE				

RECEIVED
 DIVISION OF STATE
 BUSINESS SERVICES
 SEP 29 9 PM 2:48

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 29 2021

FORM 630 - Revised: 10/2017

BY WJQ/SB
 A.A. 2:48 P.M.