



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

**STAMP**  
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 OCT 28 2021  
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**Annual Report for the year: 2021**  
**Limited Liability Company**

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penally Additional \$25.00 fee if form is not filed by December 1.

|   |  |                                     |  |
|---|--|-------------------------------------|--|
| <b>1. Entity ID Number</b><br><b>105905</b>   | <b>2. Exact name of the Limited Liability Company</b><br><b>M.T.M. MANAGEMENT, LLC</b>   |                                     |  |
| <b>3 NAICS Code</b><br><b>531390</b>  | <b>4. Brief description of the character of business conducted in Rhode Island</b><br><b>Ownership and management of real estate</b> |                                     |  |
| <b>5. State of Formation</b><br><b>RI</b>   |  |                                     |  |
| <b>6. Principal Office Address</b><br><b>87A Kingstown Road</b>   | <b>City</b><br><b>Wyoming</b>  | <b>State</b><br><b>RI</b>           | <b>Zip</b><br><b>02898</b>                     |
| <b>7. Mailing Address of Limited Liability Company and Name or Title of Contact Person</b>  |  |                                     |  |
| <b>Contact Name</b> <b>Paul P. Mihailides</b>   |  | <b>Contact Title</b> <b>Manager</b> |  |
| <b>Street Address</b> <b>87A Kingstown Road</b>   |  | <b>City</b> <b>Wyoming</b>          | <b>State</b> <b>RI</b> <b>Zip</b> <b>02898</b> |
| <b>8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS</b>   |  |                                     |  |
| <b>Manager Name</b> <b>Paul P. Mihailides</b>   |  | <b>Manager Name</b>                 |  |
| <b>Street Address</b> <b>87A Kingstown Road</b>   |  | <b>Street Address</b>               |  |
| <b>City</b> <b>Wyoming</b>  | <b>State</b> <b>RI</b>   | <b>Zip</b> <b>02898</b>             | <b>City</b>                                    |
| <b>Manager Name</b>   |  | <b>Manager Name</b>                 |  |
| <b>Street Address</b>   |  | <b>Street Address</b>               |  |
| <b>City</b>   | <b>State</b>   | <b>Zip</b>                          | <b>City</b>                                    |
| Check the box to indicate an attachment <input type="checkbox"/>  |  |                                     |  |
| <b>9 Resident Agent in Rhode Island</b> This information is currently of record with the Department of State. Changes require filing Form 642   |  |                                     |  |
| <b>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.</b> |  |                                     |  |
| <b>Name of Authorized Person</b><br><b>Paul P. Mihailides, Manager</b>  |  | <b>Date</b><br>✓ 10/13/21           |  |
| <b>Signature of Authorized Person</b><br>   |  | <b>SIGN DOCUMENT HERE</b>           |  |

**MAIL TO:**  
 Division of Business Services  
 148 W River Street, Providence, Rhode Island 02904-2615  
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 Website: www.sos.ri.gov