



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED AMP

JAN 31 2023

BY 7702

1. Entity ID Number 1669378		2. Exact name of the Corporation MJT, INC.			
3. Principal Office Address 3066 POST ROAD		City WARWICK		State RI	Zip 02892
4. NAICS Code 811211		6. Brief description of the character of business conducted in Rhode Island AUTOMOTIVE BODY REPAIR, COLLISION REPAIR, AUTOMOTIVE PAINTING			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MICHAEL THOIN			Vice-President Name AVERY BROCCOLI		
Street Address 12 1/2 SHIPPEE SCHOOL HOUSE RD.			Street Address 94 WOOD COVE DRIVE		
City FOSTER	State RI	Zip 02815	City COVENTRY	State RI	Zip 02816
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES NONE	CLASS/SERIES	PAR VALUE
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 MICHAEL THOIN				Date 1-23-23	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021