



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

FEB 27 2023

BY

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|   |             |   |                                    |                    |              |
|---|-------------|---|------------------------------------|--------------------|--------------|
| 1. Entity ID Number<br>162983   |             | 2. Exact name of the Corporation<br>MCT Services, Inc.  |                                    |                    |              |
| 3. Principal Office Address<br>53 Third Street  |             | City<br>Newport   |                                    | State<br>RI        | Zip<br>02840 |
| 4. NAICS Code<br>531390   |             | 6. Brief description of the character of business conducted in Rhode Island<br>Property management and professional assistance services |                                    |                    |              |
| 5. State of Incorporation<br>RI   |             |   |                                    |                    |              |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |             |   |                                    |                    |              |
| President Name<br>Mary C. Teixeira  |             |   | Vice-President Name                |                    |              |
| Street Address<br>53 Third Street   |             |   | Street Address                     |                    |              |
| City<br>Newport   | State<br>RI | Zip<br>02840  | City                               | State              | Zip          |
| Secretary Name<br>Mary C. Teixeira  |             |   | Treasurer Name<br>Mary C. Teixeira |                    |              |
| Street Address<br>53 Third Street   |             |   | Street Address<br>53 Third Street  |                    |              |
| City<br>Newport   | State<br>RI | Zip<br>02840  | City<br>Newport                    | State<br>RI        | Zip<br>02840 |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |             |   |                                    |                    |              |
| 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  |             |   |                                    |                    |              |
| 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |             |   |                                    |                    |              |
| This information is currently of record in the Department of State.   |             |   |                                    |                    |              |
| NUMBER OF SHARES  |             | CLASS/SERIES  |                                    | PAR VALUE          |              |
| 1000  |             | STK   |                                    | 0.0100             |              |
| Changes require an additional filing.   |             |   |                                    |                    |              |
| 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<br>MARY C. TEIXEIRA   |             |   |                                    | Date<br>02/10/2023 |              |
| Signature of Authorized Representative  |             |   |                                    |                    |              |

## MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

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