

State of Rhode Island  
Department of State - Business Services Division

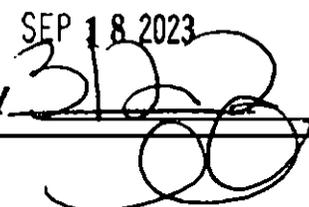
Annual Report for the year:  
Corporation

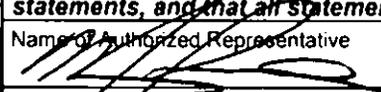
2024

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

**FILED**

SEP 18 2023

BY 

1. Entity ID Number 001752368		2. Exact name of the Corporation MITCHELL MARTIN INC.			
3. Principal Office Address 700 QUAKER LANE			City EAST GREENWICH		State RI
			Zip 02818		
4. NAICS Code 541990		6. Brief description of the character of business conducted in Rhode Island  PERSONNEL			
5. State of Incorporation NY					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					<input type="checkbox"/>
President Name EUGENE HOLTZMAN			Vice-President Name		
Street Address 1350 PARK LANE			Street Address		
City PELHAM MANOR	State NY	Zip 10803	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					<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		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment</span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		1000		VOTING COMMON	
		PAR VALUE		5	
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.					
<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>					
Name of Authorized Representative 					Date 9-14-23
Signature of Authorized Representative EUGENE HOLTZMAN					

**MAIL TO:**

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov