RI SOS Filing Number: 202342616400 Date: 11/7/2023 10:55:00 AM

State of Rhode Island							
Department of Sta	ate - Busines	s Services D	ivision	RECEIV	ED		
Annual Report for the year: 2022 Corporation			R.I. DEPT. OF STATE BUS SVCS DOV				
Filing period: February 1 - May 1							
Filing Fee: \$50.00			2023 NOV -7 A 10: 52				
Penalty: Additional \$25.00 fee if form is not filed by May 31. 1. Entity ID Number 2. Exact name of the Corporation							
789092	MCM		orise	s, Inc.			
3. Principal Office Address	4 > 4		City		State	Zip	
40 Cherry St.	<u> Unit 30</u>	<i>1</i>	WOO	nsocket	<u> </u>	02095	
4. NAICS Code 76. Brief description of the character of business conducted in Rhode Island							
5. State of Incorporation	6. Brief description of the character of business conducted in Rhode Island IT Service Company, specialized in selling and servicing printer hardware's and related document and label applications. Tesses) Check the box to indicate an attachment						
DT	land Ser	nung pi	or need hardware 3 are a really				
Pri aveniment and line applications.							
IPTASKIPDI NAMA				Vice-President Name			
Matthew Maylan							
Street Address therry St., Unit 301			Street Address				
City Long Conket	Staté RT	^{Zip} 02895	City		State	Zip	
Secretary Name	1 , 1	CLOR	Treasurer	Name	1		
Street Address			Street Address				
City	State	Zip	City	······································	State	Złp	
List ALL directors (names and addresses)				Check the bo	x to indicate a	n attachment 🗆	
Director Name			Director No	ame			
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 Issue				an attachment	
This information is currently of record in the Department of State.		NUMBER OF SI	OF SHARES CLASS/SERIE			PAR VALUE	
Changes require an additional filing.		200). 0 (
11. This report must be executed o	n behalf of the cor	poration by an aut	horized rep	resentative. If the corpor	ation is in the	hands of a re-	
ceiver 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 Date							
Matthew Moylan					11/7	2023	
Signature of Authorized Represent	ative	-				<u></u> _	
- Man - Filto							

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: 04/2023