



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2020
Corporation

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 NOV -7 A 10:52

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

1. Entity ID Number <u>789092</u>	2. Exact name of the Corporation <u>MCM Enterprises, Inc.</u>
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3. Principal Office Address <u>40 Cherry St., Unit 301</u>		City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>
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4. NAICS Code <u>541519</u>	6. Brief description of the character of business conducted in Rhode Island <u>IT Service Company, specialized in selling and servicing printer hardware's and related document and label applications.</u>
5. State of Incorporation <u>RI</u>	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
President Name <u>Matthew Maylan</u>		Vice-President Name		
Street Address <u>40 Cherry St., Unit 301</u>		Street Address		
City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>	City	State
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State

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
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State

9. Shares Authorized	10. Shares Issued 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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	<u>200</u>		<u>0.01</u>

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 <u>Matthew Maylan</u>	Date <u>11/7/2023</u>
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Signature of Authorized Representative
[Signature]

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

FILED

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