



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.

STATE OF RHODE ISLAND  
RECEIVED  
JAN 12 2024 11:23 AM

1. Entity ID Number <b>100781</b>		2. Exact name of the Corporation <b>MTM Associates, Inc.</b>			
3. Principal Office Address <b>76 Governors Drive</b>			City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
4. NAICS Code <b>541690</b>		6. Brief description of the character of business conducted in Rhode Island <b>To engage in the business of monitoring the conduct of clinical studies for pharmaceutical companies.</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Tara Cardi</b>			Vice-President Name <b>None</b>		
Street Address <b>76 Governors Drive</b>			Street Address		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City	State	Zip
Secretary Name <b>Tara Cardi</b>			Treasurer Name <b>Tara Cardi</b>		
Street Address <b>76 Governors Drive</b>			Street Address <b>76 Governors Drive</b>		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Tara Cardi</b>			Director Name <b>None</b>		
Street Address <b>76 Governors Drive</b>			Street Address		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City	State	Zip
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <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.  Changes require an additional filing.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<b>100</b>	<b>Common</b>	<b>No Par Value</b>	
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 <b>Tara Cardi</b>					Date <b>12/6/23</b>
Signature of Authorized Representative <i>Tara M. Card</i>					

**FILED**

**JAN 12 2024**  
**BY KSB@T A.A.**  
**11:32 AM**