RI SOS Filing Number: 202443952010 Date: 1/12/2024 11:31:00 AM

State of Rhode Island
Department of State - Business Services Division

STATE OF RHODE ISLAND
2024 JAN 12 AM 11:31

Annual Report for the year: 2022
Corporation

→ 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	2. Exact name of the Corporation
100781	MTM Associates, Inc.

3. Principal Office Address	City	State	Zip
76 Governors Drive	East Greenwich	RI	02818

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541690	To engage in the business of monitoring the conduct of clinical studies for pharmaceutical companies.
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Tara Cardi	None
Street Address: 76 Governors Drive	Street Address:
City: East Greenwich; State: RI; Zip: 02818	City: ; State: ; Zip:
Secretary Name: Tara Cardi	**Treasurer Name:** Tara Cardi
Street Address: 76 Governors Drive	Street Address: 76 Governors Drive
City: East Greenwich; State: RI; Zip: 02818	City: East Greenwich; State: RI; Zip: 02818

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Tara Cardi	None
Street Address: 76 Governors Drive	Street Address:
City: East Greenwich; State: RI; Zip: 02818	City: ; State: ; Zip:
Director Name: None	**Director Name:** None
Street Address:	Street Address:
City: ; State: ; Zip:	City: ; State: ; Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	Common	No Par Value

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	Date
Tara Cardi	12/6/23

Signature of Authorized Representative: Tara M Cardi

FILED

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

JAN 12 2024
BY KSB2T A.A.
11:31 A.M.

FORM 630- Revised: 04/2023