



State of Rhode Island
Department of State - Business Services Division

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.

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REC'D RHODES
24 JAN 12 PM 11:20

1. Entity ID Number 100781		2. Exact name of the Corporation MTM Associates, Inc.			
3. Principal Office Address 76 Governors Drive		City East Greenwich		State RI	Zip 02818
4. NAICS Code 541690		6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>					
President Name Tara Cardi			Vice-President Name 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 <input type="checkbox"/>					
Director Name Tara Cardi			Director Name 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 <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
		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 Tara Cardi					Date 12/6/23
Signature of Authorized Representative <i>Tara M. Cardi</i>					

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

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