



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation _____

APR 11 2024

56048 *er*

- 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 61147		2. Exact name of the Corporation CMM, Inc.			
3. Principal Office Address 2195 Pawtucket Avenue			City East Providence	State RI	Zip 02914
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island Automobile repair to vehicles			
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 Carlos M. Martins			Vice-President Name Lucia A. Martins		
Street Address 2195 Pawtucket Avenue			Street Address 2195 Pawtucket Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Lucia A. Martins			Treasurer Name Carlos M. Martins		
Street Address 2195 Pawtucket Avenue			Street Address 2195 Pawtucket Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Carlos M. Martins			Director Name Lucia A. Martins		
Street Address 2195 Pawtucket Avenue			Street Address 2195 Pawtucket Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Director Name			Director Name		
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/SCRILS
			100		Common
			PAR VALUE		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 Carlos M. Martins, President					Date 4/8/24
Signature of Authorized Representative <i>Carlos Martins</i>					

MAIL TO:
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Website: www.sos.ri.gov