



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

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

FILED
APR 26 2024
BY 33911

1. Entity ID Number 000065380		2. Exact name of the Corporation M.T.M. DEVELOPMENT CORPORATION			
3. Principal Office Address 87 Kingstown Road			City Wyoming	State RI	Zip 02898
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Real Estate development, ownership and management.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Paul P. Mihailides			Vice-President Name N/A		
Street Address 87 Kingstown Road			Street Address		
City Wyoming	State RI	Zip 02898	City	State	Zip
Secretary Name Paul P. Mihailides			Treasurer Name Paul P. Mihailides		
Street Address 87 Kingstown Road			Street Address 87 Kingstown Road		
City Wyoming	State RI	Zip 02898	City Wyoming	State RI	Zip 02898
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	Zip
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/SERIES	
		300		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 Paul P. Mihailides, President					Date ✓ 4-12-24
Signature of Authorized Representative 					

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