



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.

APR 30 2024 STAMP

5332

1. Entity ID Number 000087617		2. Exact name of the Corporation MCC, Inc			
3. Principal Office Address 166 Dean Street		City Providence		State RI	Zip 02903
4. NAICS Code 44-45 Retail Trade	6. Brief description of the character of business conducted in Rhode Island to ingage in the business of purchasing, aquire, owning, serviceg all types of new and used automobiles.				
5. State of Incorporation					
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment					
President Name Michael Coggeshall			Vice-President Name N/A		
Street Address 45 Anthony Street			Street Address		
City Foster	State RI	Zip 02825	City	State	Zip
Secretary Name			Treasurer Name Charlene Coggeshall		
Street Address			Street Address 45 Anthony Street		
City	State	Zip	City Foster	State RI	Zip 02825
8. List ALL directors (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment					
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 <input type="checkbox"/> Check the box to indicate an attachment					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <input type="checkbox"/> Check the box to indicate an attachment		
			NUMBER OF SHARES 100	CLASS/SERIES 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 Michael Coggeshall				Date 03-31-24	
Signature of Authorized Representative <i>Michael Coggeshall</i>					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630- Revised. 12/2023