



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: **2024 AMENDED**  
Corporation

FILED  
2024 DEC 20 AM 11:32

- 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 <b>000083346</b>		2. Exact name of the Corporation <b>MCD AIR TRANSPORT, INC.</b>			
3. Principal Office Address <b>51 HIGGINSON AVE</b>			City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>
4. NAICS Code <b>484110</b>		6. Brief description of the character of business conducted in Rhode Island <b>GENERAL GOODS AND COMMODITIES TRANSPORTAION</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>JULIAN M MARCELLO JR</b>			Vice-President Name <b>JULIAN M MARCELLO JR</b>		
Street Address <b>51 HIGGINSON AVE</b>			Street Address <b>51 HIGGINSON AVE</b>		
City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>	City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>
Secretary Name <b>JULIAN M MARCELLO JR</b>			Treasurer Name <b>JULIAN M MARCELLO JR</b>		
Street Address <b>51 HIGGINSON AVE</b>			Street Address <b>51 HIGGINSON AVE</b>		
City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>	City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			1000		CWP
					PAR VALUE
					\$10.00
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. <b>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.</b>					
Name of Authorized Representative <b>JULIAN M MARCELLO JR</b>					Date <b>12-12-24</b>
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

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DEC 20 2024

BY \_\_\_\_\_



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
office on this day:

December 20, 2024 11:32 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

