



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year:  
Corporation

2025

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

FILED

FEB 05 2025

BY 4908

AA

1. Entity ID Number 72213		2. Exact name of the Corporation MT PROFESSIONAL OFFICES, INC.	
3. Principal Office Address 1200 Reservoir Avenue		City Cranston	State RI
		Zip 02920	
4. NAICS Code 531120	6. Brief description of the character of business conducted in Rhode Island OWNERSHIP AND DEVELOPMENT OF REAL ESTATE		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Angelo Marocco		Vice-President Name Ronald Tagliaferri	
Street Address 1200 Reservoir Avenue		Street Address 1200 Reservoir Avenue	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
Secretary Name Angelo Marocco		Treasurer Name Ronald Tagliaferri	
Street Address 1200 Reservoir Avenue		Street Address 1200 Reservoir Avenue	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES 1000	CLASS/SERIES PAR VALUE 0.00
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 RONALD TAGLIAFERRI		Date February 1, 2025	
Signature of Authorized Representative 			

MAIL TO:  
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