RI SOS Filing Number: 202564665020 Date: 2/6/2025 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

FILEGTAMP

Annual Report for the year: 2025

Corporation

→ 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	2. Exact name of the Corporation						
000008188	M.R.T & COMPANY, INCORPORATED						
3. Principal Office Address	City State Zip						
927 WARREN AVENUE			EAST	PROVIDENCE	RI	02914	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island						
811490	RETAIL AND WHOLESALE JEWLERY						
State of Incorporation							
RHODE ISLAND							
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name DAVID J. AUDETTE			Vice-President Name				
Street Address 40 SUNSET DRIVE			Street Address				
^{City} SEEKONK	State MA	^{Zip} 02771	City	-	State	Zıp	
Secretary Name			Treasurer Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names and ac	ldresses)	<u> </u>	<u>.</u>	Check the bo	x to indic	ate an attachment	
				Director Name			
Street Address			Street Address				
Sileet Addiess			Silver Address				
City	State	Zıp	City	1	State	Zıp	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
9. Shares Authorized		10. Shares Issue					
This information is currently of record in the			F SHARES CLASS/SERIES PAR VALUE				
Department of State. Changes require an additional filing.		900		CNP		\$0.0000	
		100		CNP	\$0.0000		
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-							
ceiver 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 Date							
DAVID'S AUDETTE					//-	29-2025	
Signature of Authorities 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