



State of Rhode Island
Department of State - Business Services Division

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.

FILED **STAMP**
FEB 24 2025
BY 42927
FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 162983		2. Exact name of the Corporation MCT Services, Inc.			
3. Principal Office Address 53 Third Street			City Newport	State RI	Zip 02840
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Property management and professional assistance services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mary Teixeira			Vice-President Name		
Street Address 53 Third Street			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name Mary Teixeira			Treasurer Name Mary Teixeira		
Street Address 53 Third Street			Street Address 53 Third Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
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		
			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. <i>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.</i>					
Name of Authorized Representative MARY TEIXEIRA				Date 02/18/2025	
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