



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 5980		2. Exact name of the Corporation M.P.M. Inc.			
3. Principal office address 50 Rutland Street, Box 66			City Manville	State RI	Zip 02838
4. Business Phone No. 401-767-2248			5. State of Incorporation		
6. Brief description of the character of business conducted in Rhode Island The preparation and sale of food and the on-premises sale of alcoholic beverages, to be consumed on the premises.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Maurice Ricard			Vice-President Name Maurice Ricard		
Street Address 50 Rutland Street, Box 66			Street Address 50 Rutland Street, Box 66		
City Manville	State RI	Zip 02838	City Manville	State RI	Zip 02838
Secretary Name Maurice Ricard			Treasurer Name Maurice Ricard		
Street Address Same as above.			Street Address Same as above.		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Maurice Ricard			Director Name		
Street Address 50 Rutland Street, Box 66			Street Address		
City Manville	State RI	Zip 02838	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1,000	STK	1.0000

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.

File Date _____

FILED

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.

Check No _____

JAN 19 2016

Maurice Ricard 1-11-16
 Signature of Authorized Representative Date

By: _____

Maurice Ricard, President
 Print or Type Name of Authorized Representative

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