



**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

148 W. River Street, Providence, Rhode Island 02904-2615
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Profit Corporation Annual Report for the year: 2016

Filing period: January 1 - March 1

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

1. Entity ID Number <u>588415</u>		2. Exact name of the Corporation <u>MCT, Inc.</u>			
3. Principal Office Address <u>P.O. Box 69</u>			City <u>E. Greenwich</u>	State <u>RI</u>	Zip <u>02818</u>
4. Business Phone Number <u>closed - no phone</u>			5. State of Incorporation <u>RI</u>		
6. Brief description of the character of business conducted in Rhode Island <u>Restaurant - closed</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>Michael G. Marra</u>			Vice-President Name <u>none</u>		
Street Address <u>243 Knight St.</u>			Street Address		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>	City	State	Zip
Secretary Name <u>none</u>			Treasurer Name <u>none</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<u>0</u>		
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. 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 <u>Doreen Bullock</u>				authorized agent	Date <u>6-12-16</u>
Signature of Authorized Representative <u>Doreen Bullock, authorized agent</u>					

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 SECRETARY OF STATE
 CORPORATION DIVISION
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FILED

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