

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

401.222.30

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e)d) is

subject to a penalty fee of \$25.00.						
1. Corporate ID No. 39931	2. Name of Corporation MARRICH INCORPORATED					
3. Street Address Principal Business Office 670 Smith Street			Providence	State Rhode Island	Zip 02908	
4. Business Phone No. 5. State of Incorporation Rhode Island						
6. Brief Description of the Character of Business Conducted in Rhode Island Tavern / Restaurant						
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) 🗍 FILL IN SPAC	CES BEFORE USING AT	TACHMENTS	
President Name			Vice President Name			
Richard Rossi			Richard Rossi			
			Street Address			
Street Address 670 Smith Street			670 Smith Street			
City Providence	Rhode Island	<sup>Zip</sup> 02908	Providence	Rhode Island	02908	
Secretary Name Joanne Olsen			Treasurer Name Richard Rossi			
Street Address 670 Smith Street			Street Address 670 Smith Street			
City Providence	State Rhode Island	<sup>Zip</sup> 02908	City Providence	State Rhode Island	<sup>Zip</sup> 02908	
8. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR ATT	ACHMENT) 🗍 FILL IN SP	ACES BEFORE USING	ATTACHMENTS	
Director Name Richard Rossi			Director Name			
Street Address			Street Address			
670 Smith Street						
City Providence	Rhode Island	<sup>Zip</sup> 02908	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) [] ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
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	
			None			
This report must be executed this report must be executed				oration is in the hands o	of a receiver or trustee.	

	FILED	
File Date  Check No.	JAN 15 2009	-
But	By 3768	-
<i>D</i> ,	FOR SECRETARY OF STATE USE ONLY	-

Under penalty of perjury, I declare and affirm th	at I have examined this report,
including any accompanying schedules and state	ements, and that all statements
contained herein are true and correct.	
1100-	1-8-00

Signature

Richard Rossi

Print or Type Name President

Title