



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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

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(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 7621		2. Name of Corporation MARLA CONSTRUCTION INC.			
3. Street Address Principal Business Office 22 RUGGIERI CIRCLE		City CRANSTON	State RI	Zip 02920	
4. Business Phone No. 401-944-1030		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island BUILDING REMODELING, BUYING, SELLING REAL ESTATE					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name VINCENT J. MARANDOLA		Vice President Name STEPHEN M. MARANDOLA			
Street Address 22 RUGGIERI CIRCLE		Street Address 23 BETTY POND RD.			
City CRANSTON	State RI	Zip 02920	City HOPE	State RI	Zip 02831
Secretary Name LORI A. DIAS		Treasurer Name VINCENT J. MARANDOLA			
Street Address 107 SUNDAL RD.		Street Address 22 RUGGIERI CIRCLE			
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name VINCENT J. MARANDOLA		Director Name			
Street Address 22 RUGGIERI CIRCLE		Street Address			
City CRANSTON	State RI	Zip 02920	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 500 COMMON NO PAR VALUE		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐			
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.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
		Number of Shares 100	Class/Series COMMON	Par Value NO PAR	

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.

Signature VINCENT J. MARANDOLA Date 2-27-09
Print or Type Name PRES.
Title

File Date	<u>3-5-09</u>
Check No.	<u>113</u>
By:	<u>MNC</u>
FOR SECRETARY OF STATE USE ONLY	