



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 2012

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. 7360		2. Name of Corporation Mariart Enterprises, Inc.			
3. Street Address Principal Business Office 443 Main Street			City Warren	State RI	Zip 02885
4. Business Phone No. (401) 245-1960		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Hairdressing business.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Marie Amaral			Vice President Name Marie Amaral		
Street Address 79 Lisa Drive			Street Address 79 Lisa Drive		
City Swansea	State MA	Zip 02777	City Swansea	State MA	Zip 02777
Secretary Name Marie Amaral			Treasurer Name Marie Amaral		
Street Address 79 Lisa Drive			Street Address 79 Lisa Drive		
City Swansea	State MA	Zip 02777	City Swansea	State MA	Zip 02777
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Marie Amaral			Director Name		
Street Address 79 Lisa Drive			Street Address		
City Swansea	State MA	Zip 02777	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"/>					
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 100	Class/Series Common	Par Value No Par Value

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.

FILED

File Date **JAN 08 2012**

Check No. **By [Signature]**

By: **19104**

FOR SECRETARY OF STATE USE ONLY

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] Date **12/31/11**

Signature _____ Date _____

Marie L. Amaral

Print or Type Name _____

Owner (President)

Title _____