



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 2013

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. 144602		2. Exact name of the Corporation MARCELLO CHRISTOPHER, INC.		
3. Principal office address 1669 MINERAL SPRING AVENUE		City N. PROVIDENCE	State RI	Zip 02904
4. Business Phone No. 401-353-3577		5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island TO OPERATE A DRY CLEANING BUSINESS				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name THOMAS VILLELLA		Vice-President Name		
Street Address 22 BROOKFARM ROAD		Street Address		
City N. PROVIDENCE	State RI	Zip 02904	City	State Zip
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name THOMAS VILLELLA		Director Name		
Street Address 22 BROOKFARM ROAD		Street Address		
City N. PROVIDENCE	State RI	Zip 02904	City	State Zip
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State Zip
9. SHARES AUTHORIZED				
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.		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		300	COMMON	0.00

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: _____
 Check No: _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

JAN 30 2013

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 of Authorized Representative

Date

THOMAS VILLELLA - PRESIDENT

Print or Type Name of Authorized Representative

By MMC
 CK # 1705

1-27-13