



**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. <b>7360</b>		2. Exact name of the Corporation <b>MARIART ENTERPRISES, INC.</b>								
3. Principal office address <b>443 MAIN STREET</b>			City <b>WARREN</b>	State <b>RI</b>	Zip <b>02885</b>					
4. Business Phone No. <b>401-245-1960</b>			5. State of Incorporation <b>RHODE ISLAND</b>							
6. Brief description of the character of business conducted in Rhode Island <b>HAIRDRESSING BUSINESS</b>										
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>										
President Name <b>MARIE AMARAL</b>			Vice-President Name <b>MARIE AMARAL</b>							
Street Address <b>79 LISA DRIVE</b>			Street Address <b>79 LISA DRIVE</b>							
City <b>SWANSEA</b>	State <b>MA</b>	Zip <b>02777</b>	City <b>SWANSEA</b>	State <b>MA</b>	Zip <b>02777</b>					
Secretary Name <b>MARIE AMARAL</b>			Treasurer Name <b>MARIE AMARAL</b>							
Street Address <b>79 LISA DRIVE</b>			Street Address <b>79 LISA DRIVE</b>							
City <b>SWANSEA</b>	State <b>MA</b>	Zip <b>02777</b>	City <b>SWANSEA</b>	State <b>MA</b>	Zip <b>02777</b>					
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>										
Director Name <b>MARIE AMARAL</b>			Director Name							
Street Address <b>79 LISA DRIVE</b>			Street Address							
City <b>SWANSEA</b>	State <b>MA</b>	Zip <b>02777</b>	City	State	Zip					
Director Name			Director Name							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>							
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		
						100	COMMON	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.

File Date \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

**FILED**

FEB 14 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.

*Marie Amaral* 2/12/13  
 Signature of Authorized Representative Date

**MARIE L. AMARAL**  
 Print or Type Name of Authorized Representative

By *mme*  
*CA # 19650*