



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. 7360		2. Exact name of the Corporation MARIART ENTERPRISES, INC.								
3. Principal office address 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. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
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. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
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"/>							
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