



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 2014

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. 6009		2. Name of Corporation MRM Inc		
3. Street Address Principal Business Office 350 SEASIDE DR			City JAMESTOWN	State RI
4. Business Phone No. 401-423-3518		5. State of Incorporation R. I.		
6. Brief Description of the Character of Business Conducted in Rhode Island CONSULTING - EDUCATION				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name CHARLOTTE ZARLENGO		Vice President Name F. JOHN ZARLENGO		
Street Address 350 SEASIDE DR		Street Address 350 SEASIDE DR		
City JAMESTOWN	State RI	Zip 02835	City JAMESTOWN	State RI
Secretary Name CHARLOTTE ZARLENGO		Treasurer Name F. JOHN ZARLENGO		
Street Address 350 SEASIDE DR		Street Address 350 SEASIDE DR		
City JAMESTOWN	State RI	Zip 02835	City JAMESTOWN	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name CHARLOTTE ZARLENGO		Director Name F. JOHN ZARLENGO		
Street Address 350 SEASIDE DR		Street Address 350 SEASIDE DR		
City JAMESTOWN	State RI	Zip 02835	City JAMESTOWN	State RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED 100 COMMON NO PAR VALUE				
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 **DEC 31 2013**
Check No. **5735**
By: _____
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 Charlotte Zarlengo Date 1/2/2014
Print or Type Name Charlotte Zarlengo Date 1/2/2014
Title Pres.