

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

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2014

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

. Entity ID No.	2. Exact na	me of the Corporation			
807Ē	Marvin	Realty, Inc.	÷		
B. Principal office address 165 Dyerville Aven			City Johnston	State RI	Zip 02919
4. Business Phone No.			5. State of Incorporation Rhode Island		
-		s conducted in Rhode Islan ng services and all ac		ereto and any lawfu	l purpose
्रविद्वार (४५) व्यवस्थाति व्यवस्था	(YVX) (TES (VX) () (VVII)	: :1459#S)/&/(*:10)%(ત્લાજ)	prise:(Medic) Bites		voje odnosta vojeva.
resident Name Lucille A		1	Vice-President Name Lucille A	lviti	
treet Address 165 Dyerville Aven	ue	***	Street Address 165 Dyerville A	venue	
ity Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Lucille Alviti			Treasurer Name Lucille Alviti		
Street Address 165 Dyerville Aven	ue		Street Address 165 Dyerville A	venue	
ity Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Taran Managaran (Managaran Managaran	(NAMÉS ANDXAD)	JRESSES (OXULIO) (FOR			
irector Name		•	Director Name		
treet Address	•		Street Address		· · · · · · · · · · · · · · · · · · ·
ity	State	Zip	City	State	Zip
irector Name			Director Name		
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Stratis Addition Page	ra Autoropulyes	e electrical de la company	550)SHARESISSUED	(#)(#BD)(#FORIATE/AG)	MENT)
		,	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
is information is curren State. Changes require e Section 9 of instruction	an additional filing		200	Common	No Par Value
		<u>-</u>			
his report must be execut		corporation by an authorized st be executed on behalf of :			of a receiver or trustee,
Sjredom (e	unis report mu	FILED	Under penalty of pe	<i>ceiver of trastee.</i> rjury, I declare and affin g any accompanying so	
				nts contained herein are	
		JAN 2 9 2014	Signature of Authoriz	Ituto Pro	2 //27/
A STATE OF THE PROPERTY OF THE	A CONTRACTOR OF THE PARTY OF TH	/ 1 m	Signature of Authoriz	eu nepresentative	Date
, , , , , , , , , , , , , , , , , , ,	40.4	() <u> 25</u> _	Lucille	Alviti. Pres	ident
eraeuskaan of se	An e est contr	10125		Alviti, Pres	

Sharedrafe	FILED	Under penalty of perjury, I declare and affirm that I have this report, including any accompanying schedules and			
ection as	JAN 2 9 2014	and that all statements contained herein are true and co	orrect.		
THE SECRETARY OF SHARE USE ONLY	3125	Signature of Authorized Representative Lucille Alviti, President	Date		
		Print or Type Name of Authorized Representative			

Form No. 630 Revised: 01/2012